

Karis Support Society

Sutherland House

1893 Ethel Street, Kelowna B.C. V1Y 2Z3. Telephone: (250) 448-6788 Fax: (778) 436-9580

Karis Support Society Head office Telephone: (250) 860-9507 Fax: (250) 860-9517

Referral Information:

DATE: _____

Referring Agent: _____

Email: _____

Agency Name: _____

Address: _____

Agency Phone: _____

Agency Fax: _____

RESIDENT Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone #: _____ Alternative #: _____

Care Card No: _____ DOB: _____ SIN: _____

Marital Status: _____ Pregnant _____ Due date _____

Number of Children: _____ Number of dependent children: _____

Names and Ages of Children: _____

Where do children reside: _____

Emergency Contact Info:

Name: _____ Address: _____

Telephone: _____ Alternative #: _____

Relationship: _____

Family Physician: _____ Telephone: _____

Psychiatrist: _____ Telephone: _____

Dentist: _____ Telephone: _____

Paediatrician: _____

Telephone: _____

Emergency Contact Info Cont:

Alcohol & Drug Counsellor: _____ Telephone: _____

Mental Health Worker: _____ Telephone: _____

Social Worker: _____ Telephone: _____

Other Professional/Community Supports: _____

Medical Conditions: _____

Allergies: _____

Head injury/concussion: Y/N _____ **Describe:** _____

Family history with alcohol, any possibility of Fetal Alcohol Effects/Syndrome: Y/N _____

Describe: _____

Mental Health Diagnosis:

Medications/Date started: (Include dosage)

Condition(s) Being Treated:

Are any of the following health risk behaviours currently present? (Within the last 6 months.)

	Yes ___	No ___	How often	last time	Management
Seizures	Yes ___	No ___	_____	_____	_____
Suicide attempts	Yes ___	No ___	_____	_____	_____
Self-inflicted violence (e.g. Cutting)	Yes ___	No ___	_____	_____	_____
Hospitalization for Psychiatric illness	Yes ___	No ___	_____	_____	_____

Does resident have a history of: physical and/or sexual abuse? _____

ALCOHOL & DRUG USE SUMMMARY:

Substance Used	Years of use	Date of last use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Other addictions of concern (e.g. gambling, shopping): _____

Experience with:	Dates or No of times	Complete	Incomplete
Residential treatment	_____	_____	_____
Supportive Recovery	_____	_____	_____
Detox	_____	_____	_____

Does resident have pending charges, court involvement or probation/bail commitments?

No _____ Yes _____ Please describe: _____

Education: _____

Does resident have any special needs (i.e. literacy, disability)? Yes _____ No _____

Please describe: _____

Income: Income Assistance: _____ Disability: _____

Other: _____ Receiving Prenatal Allowance: _____

Additional Notes: _____
