



YD33 Referral

#8-2604 Enterprise Way, Kelowna, B.C. V1X 7Y5

Phone (250) 763-0456 Fax (250) 762-4223

Referrer details

Referring person (Print) _____ Date _____

Organization/office _____ Telephone _____

E-mail address _____

Individual / family details

Name: _____ DOB: _____ Gender: _____

Parent/Legal Guardian: _____ Contact Information: _____

MCFD Legal Status (if Applicable) _____

Other professionals involved:

Primary Service Provider: _____ Phone: _____

Physician: _____ Phone: _____

Other: _____ Phone: _____

Other _____ Phone: _____

In an emergency contact:

Name _____ Home Telephone _____ Work Telephone _____ Cell Phone _____

Care Card # _____ General Health: _____

Medications/allergies/diet: _____

Medical concerns/diagnosis _____

Diagnosed or Suspected Mental Health: _____

History of Substance Use: (drug of choice and method of use)

Substances used in previous 14 days _____

If Opioid user: Is participant interested in Suboxone treatment? Yes No

Do they have physician support upon discharge? Yes No If yes: Physician _____ phone: _____

Please list strengths, interests or hobbies _____

Participants referred to YD33 MUST have a confirmed Transition Exit Plan prior to admission.