UTURN Referral Form

Date:

UTURN is a Youth Integrated System that provides assessment and treatment services to youth ages 12-24 and their families who are struggling with substance use, as well as mental health challenges such as social, emotional, and behavioural difficulties.

The purpose of the system is to address mental health and addiction, reduce self and family harm, and create opportunities for healthier outcomes. UTURN uses a strength-based approach to achieve these goals. Once the youth's needs are identified, they will be linked with the appropriate individual or group.

<table>
<tr><th colspan="2">Youth Information</th><th>Referent Information</th></tr>
<tr><td colspan="2">Name:</td><td>Name:</td></tr>
<tr><td colspan="2">Gender:</td><td>Relationship to Youth:</td></tr>
<tr><td>Date of Birth:</td><td>Age:</td><td>Agency (if applicable):</td></tr>
<tr><td colspan="2">Indigenous Self-Identification
☐ First Nation (status)
☐ First Nation (non-status)
☐ Metis
☐ Inuit</td><td>Address
Street:
City:
Postal Code:</td></tr>
<tr><td colspan="2">Home Address
Street:
City:
Postal Code:</td><td>Phone #:
Fax #:
Email:
Contact OK? ☐ YES ☐ NO
If yes; Consent Attached ☐</td></tr>
<tr><td colspan="2">Phone #: Message OK? ☐ YES ☐ NO
Email:</td><td></td></tr>
</table>

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In addition to substance use: ***(Check all that apply):***

☐ **Family and/or peer problems**	☐ **School problems**	☐ **Anxiety**
☐ **Risk of conflict with the law**	☐ **Trauma/Grief**	☐ **Suicidal/self-harm**
☐ **Lack of impulse control**	☐ **Sexual acting out**	☐ **Violent/Assaultive**
☐ **Anger management**	☐ **Life skills**	☐ **Low self-esteem**
☐ **Depression**	☐ **Other, please describe:**	

Family Composition: (please describe)

Parent/Guardian Involvement: ☐ Yes ☐ No

Name(s):

Relation to youth:

Permission to Contact: ☐ Yes ☐ No

If Yes, Parent/Guardian Phone #:

Attending School: ☐ Yes ☐ No **School and Grade**:

Please indicate agencies/services currently involved with:

Describe Substance Use:

Substance	Quantity	Frequency of use

Interested in: ***(Check all that apply).***

☐ Intensive Live in Treatment Age 16-24	☐ Counselling/Case Management Services Age 12-24
☐ Dialectical Behavioural Therapy (DBT) Skills Age 16-24	☐ Oshikiniikidjig Miikanens (OM) Cultural Program Age 12-18
☐ CHOICES Program Age 12-17	☐ REC-covery Group Age 15-24

ADDITIONAL COMMENTS:

Referrals will be shared and stored in an electronic system.
Verbal consent of youth for case presentation in integrated system (all 3 agencies):
Yes ☐ No ☐

_____ Signature of Referent

***Kindly save this document and email to uturn@tbaycounselling.com**

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