

Blue Door Program

REFERRAL FORM

REFERRAL INFORMATION

Date of Referral: _____

Referred by: _____

Organization (if applicable):

Phone: _____

Circle answer that applies

Is the individual aware of referral? Y N

If under 18, is the youth
emancipated? (signed a Youth
Services Agreement) Y N N/A

Medical conditions? Y N N/A

Allergies? Y N N/A

CONTACT INFORMATION

Name: _____

Age: _____

Gender Expression: _____

D.O.B: _____

Current Address: _____

Contact information/best method to reach you:

Other contact info: _____

Is it safe to leave you a message at above number(s)? _____

Emergency Contact (if available)

Name: _____

Phone: _____

Relationship to client: _____

Current Situation/ immediate needs: (please provide information from any previous assessments including concerns of self-harm and suicide risk)

Would you be interested/open to receiving help and support from the blue door staff team? If yes, what would you like that support to look like? _____

What areas of life do you feel are a priority for you to have support/help with? (ie: housing/ safe space, counselling, mental health, addictions, education, employment, etc.)

Is there anyone in your life right now who you consider to be a support for you? _____

If this is not a self-referral, is it acceptable for the Blue Door to make contact with the referring worker? Y/N _____

Is there any other information that you feel is important for the blue door staff team to know? If yes, please specify.

Referring Worker's Signature (if applicable): _____

Young Person's Signature: _____

Date: _____



For more information, please contact:

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