

**COAST Referral** Date (yyyy-mm-dd):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: (First, Last, Middle)  | DOB(yyyy-mm-dd) |
| Address | City |
| Phone:  | Alternate:  |
| Next of Kin:  | Next of Kin #: |

**Referral Source**

|  |
| --- |
| Name (First, Last)  |
| Phone:  | Email: |
| Agency, Program, Position |
| Has the client consented to sending COAST Referral? O Yes O No  |
| Written consents attached? O Yes O No  |

**Presenting Issues/ Risk Factors**

|  |  |  |
| --- | --- | --- |
| * Violence toward others
 | * Sexual Aggression
 | * Concealing weapons
 |
| * Violence toward self
 | * Thought Disturbance
 | * Substance Use
 |
| * Suicide attempt (within 24 hrs)
 | * Criminal involvement
 | * Homelessness
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| * Suicide Risk
 | * Criminal Victimization
 | * Missing
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| --- |
| **Reasons/Factors contributing to referral:** Please include hallucinations, delusions, aggression etc. Note any skills/strategies person has successfully used when in crisis.  |

 Fax Referral to COAST at 226-401-3823

Call Crisis Services at 519-759-7188 to confirm receipt of referral and to clarify details.

Note: Referral is not appropriate if client is at immediate risk of suicide/harming others and is not in a safe location. In those situations, call 911 for immediate response.