



# YOUTH BRANCH

FOOTHILLS CHILDREN'S WELLNESS NETWORK

RESILIENT • CONNECTED ■ YOUTH ▲



## Youth Navigator Referral Form

Fax to 403-652-1721

[www.foothillsnetwork.ca](http://www.foothillsnetwork.ca)

### Youth Navigator

Cell: 403-336-9440

Email: [youthnavigator@crpcn.ca](mailto:youthnavigator@crpcn.ca)

Fax or email this referral form for an appointment, or call the number above with questions.

*You may email this referral instead of faxing it, but we cannot guarantee its security, as online networks are not entirely secure.*

Date: \_\_\_\_\_

Name of person referring: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Client: \_\_\_\_\_

DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Parent/Guardian Name if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Diagnosis (if applicable): \_\_\_\_\_

Other services involved with Family: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

### Navigator Summary

Date Referral Received: \_\_\_\_\_ Initial Contact with Family made: \_\_\_\_\_