

**Community Resource Team (CRT)
 OPTIONS Northwest
 95 Cumberland Street North
 Thunder Bay, ON P7A 4M1
 Phone: 344-4994 Fax: 346-5811
 REFERRAL FORM**

Name:	D.O.B.: (mm/dd/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Address:	Postal Code:
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Telephone Number (Home):	Business:
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Contact Person:	Relationship:
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Telephone Number:	Is individual aware of referral? Yes No
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Emergency Contact:	Phone:
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Client Information	Please indicate: Yes No		Please list specifics
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Developmental Disability			
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Mental Health Issues			
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Exceptional Problematic Behaviour			
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Medical Condition(s)			
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Psychological Issues			
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Substitute Decision Maker			
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Has accessed OPTIONS Northwest Community Resource Team before:			
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Other Pertinent Information:

Service requested:

Health Care <input type="checkbox"/>	Behaviour Intervention	Psychology	Social Work <input type="checkbox"/>
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Occupational Therapy	Speech & Language	Child Behaviour Support (ages 6-18)	
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Other:

Reason for Referral (please be specific):

Name of Referring Agent: _____ Signature: _____

Date: _____ Team Leader/Supervisor Signature: _____ **CRT010/DEC 2011**