

**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 |
| * Suicide Risk | * Criminal Victimization | * Missing |

|  |
| --- |
| **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.