



Double identification verified

Date of birth <small>Year Month Day</small>			File No.
Health Insurance Number			
Last name at birth		First name	
Address			
City		Postal code	Phone number
Last name of mother/legal representative		First name of mother/legal representative	
Last name of father/legal representative		First name of father/legal representative's first name	

INSTALLATION : \_\_\_\_\_

**SERVICE REQUEST**  
**PSYCHOSOCIAL INTAKE REFERRAL FORM -**  
**FOR PARTNERS**

DATE 

Year	Month	Day
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**Situation or problem presented:** (Describe the problem in the person's living environment(s) that prompted the referral. Precisely describe the behaviours or current situation).


**Diagnosis by a qualified professional** (if applicable):


**Relevant contextual elements related to the problem:** (e.g., biopsychosocial factors, loss, bereavement, financial precarity, disability, illness, etc).


FDCU-PSC-004A

Child's name : \_\_\_\_\_

File N° : \_\_\_\_\_

<b>Elements of vulnerability and/or risk factors:</b>	
<input type="checkbox"/> Suicidal ideation (if completed, attach the suicide risk assessment grid)	<input type="checkbox"/> Aggressive/violent behaviours
<input type="checkbox"/> Homicidal Ideation or thoughts	<input type="checkbox"/> Homelessness situation/risk
<input type="checkbox"/> Isolation or lack of support network	<input type="checkbox"/> Legal problem
<input type="checkbox"/> Exhaustion of current support network	<input type="checkbox"/> Academic failure
<input type="checkbox"/> Significant financial stakes	<input type="checkbox"/> Significant behavioural/psychological disorganization
<input type="checkbox"/> Intimidation	<input type="checkbox"/> Other :
<input type="checkbox"/> Alcohol/drug dependence/gambling: Specify :	
<b>Current professional services:</b> (Indicate follow-ups with doctor(s), specialist(s), counsellor(s), etc).	
<b>Referent expectations:</b> (Indicate the reason why you are submitting this referral form).	
<b>Child/parent/legal representative expectations:</b> (Describe the needs expressed by the child/parent/legal representative)	
<b>Instructions for reaching the child/parent/legal representative:</b> (Add any additional contact information and indicate the best time to reach the child/parent/legal representative).	
<b>Validated tool evaluation results, if applicable, to be attached:</b> (Evaluation carried out by a professional)	

**To the attention of the recipient of this form:** If this box is checked, please contact the referent.

<b>Consent</b>		
As the parent or legal representative of the child, I consent to this form being sent to the psychosocial reception on (date):		
_____	_____	_____
Signature of the parent or legal representative	Printed name	Date
<input type="checkbox"/> Verbal consent obtained on (date):		
_____	_____	_____
Signature of the referent	Printed name	Date

Child's name : \_\_\_\_\_

File N° : \_\_\_\_\_

Organization	
Referent name	
Adress	
Email address	
Telephone number	

REFERENCE DATE	Year			Month		Day	

Send the form to the following email address (depending on your territory):

- Sherbrooke: [accueilpsychosocial.sherbrooke.ciussse-chus@ssss.gouv.qc.ca](mailto:accueilpsychosocial.sherbrooke.ciussse-chus@ssss.gouv.qc.ca)
- Memphrémagog: [accueilpsychosocial.mm@ssss.gouv.qc.ca](mailto:accueilpsychosocial.mm@ssss.gouv.qc.ca)
- Coaticook: [accueilpsychosocial.coaticook@ssss.gouv.qc.ca](mailto:accueilpsychosocial.coaticook@ssss.gouv.qc.ca)
- Val Saint-François: [accueilpsychosocial.vsf@ssss.gouv.qc.ca](mailto:accueilpsychosocial.vsf@ssss.gouv.qc.ca)
- Haut-St-François: [accueilpsychosocial.hsf@ssss.gouv.qc.ca](mailto:accueilpsychosocial.hsf@ssss.gouv.qc.ca)
- Val-Des-Sources: [accueilpsychosocial.dessources@ssss.gouv.qc.ca](mailto:accueilpsychosocial.dessources@ssss.gouv.qc.ca)
- Granit: [accueilpsychosocial.granit@ssss.gouv.qc.ca](mailto:accueilpsychosocial.granit@ssss.gouv.qc.ca)
- Haute-Yamaska: [accueilpsychosocial.cssshy16@ssss.gouv.qc.ca](mailto:accueilpsychosocial.cssshy16@ssss.gouv.qc.ca)
- La Pommeraie: [accueilpsychosocial.cssslp16@ssss.gouv.qc.ca](mailto:accueilpsychosocial.cssslp16@ssss.gouv.qc.ca)