



STREET HAVEN ADDICTION SERVICES OUTREACH REFERRAL FORM

Date: _____

Referring Agency: _____ Name of staff: _____

Agency Contact #: _____

Client Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yy): _____ Client Phone #: _____

Alternate contact #: _____ Safe to leave a message or text? YES/ NO

Client Address: _____

Client Email Address: _____

What is your current access to resources for virtual support?

Wifi Computer/Laptop Cell Phone Tablet Other _____

Presenting concerns (please circle):

Substance Use	Legal Issues	Thoughts of Suicide
Mental Health	Relapse Prevention	Relationships
Income	Safety Issues	Housing

The reason for completing this referral has been explained to me? YES / NO

Do you currently have other supports? Family/friends/workers/doctor _____

Fax this referral to 416-920-3380
or email addictionservices@streethaven.com

ATTN: Intake
For any questions, please call our Intake worker at 416-967-6060 ext. 327