

Breaking BARRIERS

Today's Date: _____

Name: _____ Gender: _____

Address: _____

Phone: _____ Cell: _____

Date of Birth: _____ Age: _____

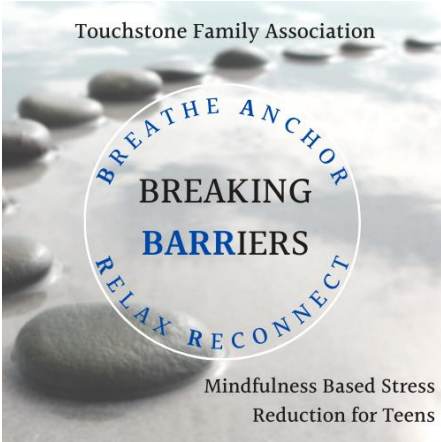
Youth resides with: _____

Youth Attends (school /work): _____

Parent/Guardian's: _____

Address (if different): _____

City: _____ Postal Code: _____



Please check applicable presenting issues:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Over-achieving | <input type="checkbox"/> Internalizing anger | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Verbal outbursts | <input type="checkbox"/> Withdrawing | <input type="checkbox"/> Threatening Behaviours | <input type="checkbox"/> Gang related activities |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bullying | <input type="checkbox"/> Loss of Interest | <input type="checkbox"/> Irregular school attendance |

Where did you hear about this program? _____

Referring professional/Agency Name: _____ Phone: _____

Reason for Referral: _____

Please fax or email: Kelly Gault Attention

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