



heartspace: for women pregnant, parenting, substance – involved, and their children age 0-6

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Referral Form

Please print this form and fax to (519)673-1022 with signed client consent form. Please print clearly. The Intake Worker will contact you if more information is required. The client will be contacted directly if appropriate. Clients are welcome to attend Walk-In Intake sessions to expedited their service.

Name of Client: _____

Current address: _____

Phone: _____ Safe to call and leave a message: Yes/No

Alternate Contact Information: _____

Date of Birth: _____

Referral/Contact: _____ Title: _____

Agency Name: _____

Date of Referral: _____ Email: _____

Telephone: _____ Fax: _____

Client/Patient Signature _____ Date _____

Witness Signature _____ Date _____

Referral Information:

1. Describe presenting problems/concerns:

2. How has substance use been identified? (Share direct observations, such as client asking for help, intoxication, lab reports)

3. Describe your perception of client/patient's strengths (support systems, motivation/compliance, previous substance use treatment, observed parenting skills, and health care)

4. Describe your perception of issues related to the client/patient's use of substances (known family history of substance use, CAS involvement, history of violent relationships, lack of medical care, homelessness?)

5. This woman has given birth to #_____ children.

6. What are the gender/ages of her children?
(NB To be eligible, at least one child must be under the age of 6 and/or the women is pregnant.)

7. Are the children currently in the mothers care? (if not, please specify caregivers)

8. List all known substance currently being used by woman. (Prescribed and non-prescribed)

10. Comments /Other information: