



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

260-200 Queens Avenue, London, Ontario, N6A 1J3
(519)673-3242 ext. #222, Toll free: (866)737-7003
Fax: (519)673-1022
www.adstv.on.ca

Referral Form

Please print this form and fax to (519)673-1022 with a signed consent form. Please print clearly. The Intake Worker will contact you if more information is required. You will be contacted directly if appropriate. You are welcome to attend Walk-In Intake sessions to obtain quicker service. You may also complete this form and bring it with you to Walk In Intake.

Name of _____

Current address: _____

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

Alternate Contact Information: email/ other phone _____

Date of Birth: _____

Signature _____ Date _____

Witness Signature _____ Date _____

Referral Information:

1. Describe your current problems/concerns:

2. Describe what you see as your strengths (support systems, motivation/compliance, previous substance use treatment, observed parenting skills, and health care)

3. Describe any issues related to the related to your use of substances (known family history of substance use, CAS involvement, history of violent relationships, lack of medical care, homelessness?)

4. I have given birth to #_____ children.

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

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

7. List all substances currently being used. (Prescribed and non-prescribed)

8. Comments /Other information: