Caring Dads Self-Referral Form

Please contact Matthew Smiley for more information: Office phone: 604-533-7920 ext 1305 Cell: 604-440-9079 email: msmiley@lcss.ca.

Client Personal Information:

Client Name: _____ D.O.B Y/M/D_____ □ M □ F Other: _____
Address: _____ City: _____ Postal code: _____
Home phone: _____ Cell: _____
Email: _____
Preferred way of communication Text: □ yes □ no Call: □ yes □ no Email: □ yes □ no
Okay to receive emails: □ yes □ no
Preferred Language: _____
Special needs/disability: _____ □ yes □ no
Does client identify as Indigenous: □ Yes □ No
Marital status: Married □ Common-Law □ Separated □ Divorced □ Other □
Medications: _____
Children involved:

Name: _____ D.O.B: Y/M/D_____
Name: _____ D.O.B: _____
Name: _____ D.O.B :_____
Name: _____ D.O.B: _____

What programs are/have been the children been involved with:

_____
_____

Legal Matters:

Living with partner: _____
Contact with partner: _____
Contact with children: _____
Access to weapons: _____
Probation: _____
Criminal history:

_____
_____

Reason for Referral (what was the reason that led to domestic violence intervention?):

_____
_____
_____
_____
_____

Barriers to service (please list any barriers this client may have to accessing and/or completing service):_____
_____
_____

Past and/or current counselling programs involved in/with: _____

please attach supporting documents pertaining to this client to the referral form (contact order information, parole information, medication information etc.)

Partner Personal Information:
Contact Partner □ Yes □ No
Clients Name: _____ D.O.B: Y/M/D_____ □ M □ F Other: _____
Address: _____ City: _____ Postal Code: _____ Home phone: _____ Cell: _____
Email _____ Preferred Language: _____
Interpreter: □ Yes □ No
Does the client identify as Indigenous: □ Yes □ No

Other Services Accessed:
_____
_____

please attach supporting documents pertaining to this client to the referral form (contact order information, parole information, medication information, etc.)

Please sign below:

Client: _____ Date: _____
Caring Dads Facilitator: _____ Date: _____