

**Referral Form 1B – TO BE COMPLETED BY THE REFERRING AGENT**

**Bravestone Centre assures you that the following information will be held in confidence as far as is permitted under the law.**

1. Applicant's Name: \_\_\_\_\_

2. Referring Agent/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

3. What has been the nature of your involvement with the applicant and her family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there a history of addictions or harmful coping? Yes [  ] No [  ] Unknown [  ]

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever attempted suicide or used self-harming behaviours?

Yes [  ] No [  ] Unknown [  ]

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Why are you referring this women and her family to Bravestone Centre.?

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8. Please list the woman's strengths and limitations.

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9. Do you have any additional comments?

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Referring Agents Signature

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Date