

Youth Wellness Centre

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Youth Wellness Centre SJHH 38 James St South, 2nd floor Hamilton, ON L8P 4W6

Transition Support Referral Form

Revised Version (Fall 2015)

The **TRANSITION SUPPORT** stream is designed for youth (age 16-19) matching the following criteria:

- Have pre-identified serious mental health/addiction issues; and are currently supported by specialized care
- Face complex or multiple diagnostic/life issues, with high acuity
- Experiencing significant barriers to engagement with adult services, and require intensive support to do this

*For youth with emerging mental illness symptoms, or those not already connected to specialized mental health or addiction services, please contact the **Early Intervention Stream** at the YWC number above.*

Name of referring clinician		
Organization/Program		
Contact:	Phone	Fax

Name of youth	
Birthdate (yyyy/mm/dd)	
OHIP Card (VC, expiry)	
Address (include city and postal code)	
Phone #	
OK for us to call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other concerns or issues when contacting this person?	

Please give a brief overview of this person's time in your service: dates, diagnoses and life issues, medications, other treatments, responses, engagement, etc. Attach separate sheets if needed. Recent summary reports would be helpful.

Please list all other CURRENT OR RECENTLY INVOLVED medical professionals and service providers (including Family Dr.)

What other life circumstances are affecting this person's functioning and recovery now? (i.e. school, employment, family, legal, etc)

List person's strengths and available resources.

To what adult service(s) will this person be transitioning? Describe preparations already started for this transition.

Why does this youth require intensive Navigation/Transition Coaching?

Note: Referring clinicians and programs are expected to remain involved (including ongoing clinical support, and attending joint meetings and case conferences) during the initial phases of transition. Ideally, referrals will be made well ahead of treatment termination.

Thank you for your referral.

For office use only

STAR RIW ADMISSION _____

PHS RIW WAITLIST _____