



Beyond the Bell

Referral Form

This form is intended to refer an individual ages 13-16 to *Beyond the Bell*, a free, community-based program (please see pamphlet or website for additional information).

Referrals can be made by professionals, parents/caregivers, or the youth themselves. The information collected helps our team connect with interested participants. If you're unsure about any section, feel free to leave it blank or reach out with questions.

Please complete the form to the best of your ability and email it to: **mental-health@lakecountryhealth.ca**. Forms can also be found at **lakecountryhealth.ca**.

Referring Individual Information

Organization/Role:

Name:

Phone Number:

Email Address:

Participant Information

Name:

D.O.B.

School & Grade:

Contact Information - please identify who we should reach out to regarding this referral, their contact information, their relationship to the participant & preferred method of contact (phone/text/email)

Reason for Referral please check all that apply.

- ☐ Social isolation or loneliness
- ☐ Challenges with mental health (e.g., anxiety, depression, stress)
- ☐ Difficulty accessing safe, supervised social activities
- ☐ Interest in developing healthy peer relationships
- ☐ Barriers to participation due to transportation or financial challenges
- ☐ Navigating life changes, stressors, or personal challenges
- ☐ Concerns related to substance use or risk-taking behaviours
- ☐ Involvement with community services (e.g., RCMP, Foundry, HRVY, etc.) and seeking additional support
- ☐ Other (please specify):

Additional Information (optional) - please identify any additional information that feels important/relevant.

Release of Information:

The participant/parent/guardian provided consent to proceed with this referral.

This consent was given on (MM/DD/YYYY)

This consent was given via: ☐ verbal permission ☐ written permission

Participant is aware of the referral?

☐ yes ☐ no

Explained the program to participant?

☐ yes ☐ no

Parent(s)/Guardian(s) are aware of the referral?

☐ yes ☐ no

Explained the program to the parent(s)/guardian(s)

☐ yes ☐ no

If the answer to any of the above questions is no, please elaborate on the reason(s) why.

Signature of Referring Individual

Date

