

Family Services Ottawa (FSO)

Quick Response Counselling

Phone: 613-725-3601 ext 117

Fax: 613-725-0136

Date: (yyyy/mm/dd) _____

Name of referring provider: _____

REFERRAL CRITERIA:

Client has presented with mental health and / or substance use to the Emergency Dept: Yes No

Client lives in Ottawa and region: Yes No

Client is between the ages of 16 and 64: Yes No

EXCLUSION CRITERIA:

Imminent suicide risk: Yes No

Client currently has a therapist and / or psychologist: Yes No

REASON FOR REFERRAL

Language: English French Other: _____

CONSENT:

Best phone number to reach client: _____ OK to leave msg: Yes No

Client consents for assessment / discharge summary to be shared with FSO: Yes No