

IDENTIFICATION OF THE PATIENT BEING REFERRED TO RIVO

Name of the person being referred:

Name of the person making the referral :

Organisation/telephone of the person making the referral:

Referral date:.....

Date of birth:

Sex: Male Female

Telephone:.....

Country of birth:

E-mail :.....

Spoken Languages:.....

Need interpreter ? : Yes No

Address:.....

Date of arrival in Canada :.....

..... ID PFSI :

Status: asylum seeker sponsored refugee permanent resident citizen
(waiting,accepted,refused ...)

Name of immigration lawyer:.....
(if asylum seeker)

N.B: this section of the document has been designed as a tool to facilitate the transfer of information you already have. It is not necessary to use it as a "questionnaire" to solicit information that the patient does not want to discuss.

1. Story of the person: In what context has the person been tortured/suffered organized violence?

Attach if the person authorizes the story submitted to the asylum application (the answer to the BOC question)

- What kind of torture/violence did the person suffer ?

Genocide <input type="checkbox"/>	Beaten, hit <input type="checkbox"/>	Sexual <input type="checkbox"/>	Electric <input type="checkbox"/>	Burns <input type="checkbox"/>
War <input type="checkbox"/>	Harassment <input type="checkbox"/>	Threats <input type="checkbox"/>	Attempt on life <input type="checkbox"/>	Forced labour <input type="checkbox"/>
Prison <input type="checkbox"/>	Sequestered <input type="checkbox"/>	Witness <input type="checkbox"/>	Secondary Violence <input type="checkbox"/>	Family <input type="checkbox"/>

Other :

- When was the last traumatic event ? _____

- Who was responsible for the violence? Police Military Paramilitary Others

Clarifications :

2. Principal diagnosis : _____

- What are the person's symptoms?

PTSD	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Avoidance	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Hypervigilance	<input type="checkbox"/>	Fears	<input type="checkbox"/>	Guilt	<input type="checkbox"/>
Aggressiveness	<input type="checkbox"/>	Suicidal ideas	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Sadness/Crying	<input type="checkbox"/>	Confidence/Self-esteem	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>	Dissociation	<input type="checkbox"/>	Psychotic episode	<input type="checkbox"/>	Concentration	<input type="checkbox"/>	Memory	<input type="checkbox"/>
Health	<input type="checkbox"/>	Pain	<input type="checkbox"/>	Appetite	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

Details :

3. Current situation of the person (in Canada)

Domestic Violence	<input type="checkbox"/>	Welfare	<input type="checkbox"/>
Sexual Violence	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>
Prostitution Ring	<input type="checkbox"/>	At School	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	In a shelter	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Others

4. Recommendations for follow up :
