

**AGENCY REFERRAL TO LANGIN PLACE**  
**#128 – 433 MacLeod Trail S.E.**  
**Calgary Alberta, T2G 5J7**  
**PHONE: (403) 237-5435 FAX: (403) 263-7260**

**Client Information:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Where Presently Residing: \_\_\_\_\_

**Referring Agency:**

Contact: \_\_\_\_\_

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

Date: \_\_\_\_\_

Has the client been housed with Calgary Housing Authority? Yes  No

If Yes, when: \_\_\_\_\_

Does the client have a substance abuse issue? Yes  No

If Yes, what: \_\_\_\_\_

Clients present mental health and/or physical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the client on medication? Yes  No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any follow-up plans for client? \_\_\_\_\_

\_\_\_\_\_

Is the client involved with other professional services? \_\_\_\_\_

\_\_\_\_\_

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**