Health & Wellness Program

Community-based Mental Health, Aboriginal Child & Youth Mental Health, Addictions Recovery, Indian Residential School Program, National Native Alcohol & Drug Abuse Program

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| **Our Offices:**  | **Questions? Call Mental Health (250) 567-2900**  |

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| Burns LakePh. (250) 692-2387**Confidential Fax Line: 1-888-690-9894** | Fort St. JamesPh. (250) 996-7640 | VanderhoofPh. (250) 567-2900 | Prince GeorgePh. (250) 564-4079 |

Referral Form: For Family & Individual Services

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| Individual Seeking Support:  | Date of Birth:  |
| Family Home Address:  |
| Primary First Nation/Band: | Home Community: |
| Family Home Phone: | Mailing Address:(if different than home) |
| Parents/Legal Guardians:   |
| Other people in the home (eg. partners, parents, siblings, children): |
| Please list any other adults involved (if applicable): |
| Other Children (if applicable): |
| Reason for this Referral:  |
| Is this a request for Tele-health/Video conference services?*if yes, contact practice team lead above* |  Yes |  No |
| Is client/family involved aware that this referral is being made? | Yes | No |

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| **Referral comes from:** |
| Name:  | Title: |
| Agency: | Date:  |
| Signature: | Phone Number:  |

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| **Confirmation of Referral Received (For HWP Use only) Complete and send a copy back to referral source** |
| Employee: | Date: |
| Signature: | Phone Number: |