

REFERRAL FORM



Nlaka'pamux Mental Health Services Program

#103 – 2090 Coutlee Avenue
 PO Box 3090 Merritt, BC V1K 1B8
 Tel: (250) 378-9772
 Fax: (250) 315 0283

Band: Lower Nicola Skuppah Status # _____
 Cooks Ferry Nicomen
 Ashcroft Siska
 Oregon Jack Kanaka Bar Carecard #: _____
 Lytton

Name:	Emergency Referral Yes _____ No _____	Home #:	Work #:
Address:	D.O.B:	Age:	Gender: M ___ F ___
Parents' Names/Legal Guardian or Spouse's Name:			
Client or Guardian Signature:		Date:	
Emergency Contact Person:		Home#:	Work #:
Reason for Referral – Counselling Area			
<u>Mental Health</u> : (i.e., grief/loss, trauma, suicide ideation/attempt, depression, anxiety, stress, other.....) Description:			
<u>Substance/Process Abuse</u> : (i.e., alcohol, drugs, gambling, food, other.....) Description:			
<u>Safety Issues and/or Other Issues</u> : (i.e., family violence, abuse, neglect, relationship issues, other.....) Description:			
Notes or Other Pertinent Information			
Client consent:			
Referred By:		Date:	
Assigned Counsellor/Program		Date:	