



**Nlaka'pamux Health Services  
Child and Youth Mental Health Program**

2088 Quilchena Avenue  
PO Box 3090 Merritt, BC, V1K 1B8  
Tel: 250-378-9772 Fax: 250-315-0283

Client's Name:	Emergency Referral: YES _____ NO _____	Home #:	Other #:
Address:	DOB:	Age:	Gender Identity:

<b>BAND:</b>	Lower Nicola ___ Ashcroft ___ Siska ___ Coldwater ___ Oregon Jack Creek ___ Nicomen ___ Nooaitch ___ Lytton ___ Skuppah ___ Shackan ___ Cook's Ferry ___ Kanaka Bar ___ Other ___
	Status Number (if applicable):

**Family Information**

Caregiver Names/Legal Guardian Names:	
Ministry Involvement: YES ___ No ___	
Social Worker: _____	Phone: _____
Emergency Contact Person:	Phone:

**Reason for Referral-Please be as detailed as possible:** i.e., trauma, grief, substance use, depression, anxiety, safety issues etc.

**Referred By:** \_\_\_\_\_

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

<b>OFFICE USE ONLY:</b>	
Date Received:	Assigned Counsellor/Program: