White Buffalo
Indigenous Urban Services

517 A Tranquille Road, Kamloops, BC V2B 3H3
Tel: 250-554-1176 / Fax: 250-554-1157

Addictions and Mental Health Counsellor/Clinician Referral Form

Please complete this form and fax to Addictions and Mental Health Counsellor at 250-554-1157.

REFERRAL INFORMATION

Referral Source: ______________________ **Referral Date:** ______________

Client Being Referred: ______________________ ☐ **F** ☐ **M** ☐ **Other** **D.O.B:** ______________

Client Home Tel: ______________________ **Client Cell:** ______________________

ABORIGINAL INFORMATION

Identify: (check all that apply)

☐ Aboriginal ☐ Non-Aboriginal ☐ Status ☐ Non-Status

MINISTRY INVOLVEMENT (voluntary information)

The clients child(ren) is in care via: (check one)

☐ Voluntary Care Agreement ☐ Temporary Custody Order ☐ Continuing Custody Order

The clients child(ren) is/are on a: (check one)

☐ Independent Living Contract ☐ Youth Agreement

The clients child(ren) is in custody of: ______________________

____

REASON FOR REFERRAL

Identify Specific Challenges: (check all that apply)

☐ Substance Misuse ☐ Mental Health Challenges ☐ Inability to Access Treatment