

Referral Form



NORTHWEST COUNSELLING CENTRE LTD. Since 1987

201-4622 Greig Ave.
Terrace, BC V8G 1M9
Phone: (250) 638-8311

603 Mountainview Square
Kitimat, BC V8C 2N2
Phone: (250) 632-6400
Fax: (250) 638-8100

Toll-Free 1-888-638-8311

KITAMAAT VILLAGE MENTAL HEALTH COUNSELLING PROGRAM

DATE OF REFERRAL:		REFERRAL AGENT/NAME PHONE:			
Name			Date of birth		
Address:			Postal code		
Mailing Address <small>(if different from above)</small>					
Home phone:		Work phone:		May we leave a message at home or work? W__ H__	
Employer:			Occupation:		
Counselling Appt <small>(please check location you wish to be seen)</small> 1. Terrace 2. Kitimat Town					
Family members in the home <small>(if applicable)</small>					
CHILDREN					
Name	Date of Birth	<small>(Please check)</small>	At home	Foster Care	Other
Name of Spouse/Partner <small>(if applicable)</small>					

Has client been seen at our Centre before? Yes/No	Counsellor's Name <small>(if applicable)</small>
Name seen under <small>(if different from above)</small>	

REASON FOR THE REFERRAL: (check all that apply)

- | | | |
|-----------------------|------------------|---------------|
| Marriage/Relationship | Family | Life Skills |
| Work | Adoption related | Stress |
| Grief/Loss | Anxiety | Sexual abuse |
| Depression | Loneliness | Parenting |
| Self-confidence | Parent/Teen | Drugs/Alcohol |
| Physical | Child abuse | Other |

Additional helpful information <small>(Please use additional pages if necessary)</small>

For NWC Centre staff only:

Initial Appointment:	Counsellor:
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Please Fax to: Northwest Counselling Centre Ltd 1-250-638-8100