

Counselling Services Referral

Our counselling services support **non-urgent** clients. For urgent or life-threatening concerns, please direct clients to 911, the nearest emergency department, or the Interior Crisis Line Network (24/7) **1-888-353-2273**

Before completing this referral form, please ensure the MHSU, STV, PEACE (Clearwater and Barriere locations), or Family Counselling (Ashcroft location) brochure has been reviewed with the client to confirm program fit and that informed consent has been obtained.

Client Name: _____

Phone number: _____ Permission to Leave Message: Yes No

Date of Birth: _____ PHN: _____ Email: _____

Client Address: _____

Referral Source: _____

Referral Phone Number: _____ Referral Email: _____

YES NO

Does the client have access to counselling through extended benefits?

Are there any immediate concerns for client's physical safety?

Having suicidal thoughts (have made plans, attempts?)

Are there children in the home?

Are there child safety concerns?

Is the client currently taking prescribed medication for mental health or substance use?

If so please note: _____

Is the client using any substances?

If so please note: _____

Brief description of client's concerns:

Please note: Goals will be collaboratively developed during the intake process with the client and counsellor.

Completed by: _____ Date: _____ (dd/mm/yyyy)

Please send the completed form to the office for your area, below

Clearwater Office

612 Park Drive

Clearwater, BC V0E 1N1

Tel: 1-250-674-2600

Fax: 1-250-674-2676

Barriere Office

4936 Barriere Town Rd

Barriere, B.C. V0E 1E0

Tel: 1-250-672-9773

Fax: 1-250-672-9709

Ashcroft Office

711 Hill St , PO Box 599

Ashcroft , BC V0K 1A0

Tel: 1-250-674-2600

Fax: 1-250-674-2676