YELLOWHEAD COMMUNITY SERVICES
www.yellowheadcs.ca

Reset

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: _____ Fax #: _____

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: 1-250-372-9709

Ashcroft Office
711 Hill St , PO Box 599
Ashcroft , BC V0K 1A0
Tel: 1-250-674-2600
Fax: 1-250-674-2676