

SIoux LOOKOUT FIRST NATIONS HEALTH AUTHORITY

Nodin Child and Family Intervention Services

REFERRAL/INTAKE FORM

Client Must Sign Consent Form In Order For Referral To Be Processed

CONSENT FOR SERVICE

- ▶ Have you ever attended Residential School? Yes No
- ▶ Did any family member attend Residential School? Yes No

Consent:

- If not a self referral, is client aware of and does he/she consent to the referral?
- Does client/guardian (for clients under 14 years) consent to intervention?
- Does client/guardian (for clients under 14 years) consent to the storage and retrieval of information on CIMS in order to provide service to the client?

Signature of Client or Guardian: _____

Date: _____

Nodin Intake Stamp Use Only