**SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY**

*Nodin Child and Family Intervention Services*

**REFERRAL/INTAKE FORM**

**Section A: TO BE FILLED OUT BY REFERRAL SOURCE: ALL FIELDS MANDATORY**

Full Name:       Maiden Name/A.K.A.:

Address:

Telephone:       Work Phone:       Alt:

MM DD YY

D.O.B.:     /     /      Age:       Gender:       Marital Status:

Health Card #:      Client’s Band Number:

Contact name (eg. Mother father, guardian):

Client’s Community:

Client’s Present location

Referral Source Name (Mandatory):       Contact Number:

Referral Fax :       Referral Date:      /     /

**REASON FOR REFERRAL/PRESENTING PROBLEM: Symptoms, behaviors, severity**

Requesting the following service(s):

 [ ]  Intensive Counselling in Sioux Lookout **Note:** Physician or NIC Signature (Required):

 [ ]  Counselling in Community [ ] Traditional Coordinator

 [ ]  Mental Health and Addictions Youth Worker (0-17) Other:

 [ ]  Specialty Clinics: [ ]  Psychology [ ]  Art Therapy

 [ ]  Telepsychiatry [ ]  Special Needs Case Manager

**Section B: Intake Office use Only**

Nodin File #:      CIMS #:

Intake Worker:       Supervisor:

[ ]  New Referral Case Open to       [ ]  Closed Case [ ] Waitlisted case  Scanned Inactive date:

**Section C: TO BE FILLED OUT BY SUPERVISOR**

Counselor Assigned:       Date Assigned:

**\* Return completed form to the Nodin CFI Intake Department by the Confidential Fax #: (807) 737-7532.**

**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