SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY

Nodin Mental Health 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:_____

D.O.B.:MM_____/DD_____/YY_____ 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: _____ Contact Number: _____

Referral Fax (Mandatory): _____ 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 ☐ Psychiatry ☐ 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 MHS Intake Department by the Confidential Fax #: (807) 737-7532.**

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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