

**External Request for Community Counselling Program Services**

ADULT INDIVIDUAL    CHILD/YOUTH INDIVIDUAL    FAMILY    COUPLES

**Name and Preferred Pronouns:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Identified Gender:** \_\_\_\_\_

**Ethnicity:** First Nations    Inuit    Métis    non-Indigenous    not disclosed

**Preferred Phone:** \_\_\_\_\_ May we leave messages?    Yes    No

**Alternate Phone:** \_\_\_\_\_ May we leave messages?    Yes    No

**Emergency Contact (name and phone):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Has the service-user accessed CCP Services before?**    Yes    No

**Same concern as before?**    Yes    No

Over the past few weeks, has the service-user felt down, depressed or hopeless?	Yes	No
Over the past few weeks, has the service-user had thoughts of killing themselves?*	Yes	No
Has the service-user ever attempted to kill themselves?* (if yes, when?)	Yes	No
*Within last 24 hours	*Within last 6 months	More than 6 months

Contact information of client/parent/guardian: \_\_\_\_\_

Client/Parent/Guardian agreement and consent to referral:

\_\_\_\_\_  
**Name (Please Print)**                      **Signature**                      **Date**

*This personal information is being collected under the authority of NTHSSA Community Mental Health and Adult Services and will be used for consent for service. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about the collection or use of the information, please contact (867) 767-9110*

**REFERRING AGENT ONLY**

Referred by (name): \_\_\_\_\_

Contact Information #: \_\_\_\_\_

Relationship to client (i.e. guardian, teacher etc.): \_\_\_\_\_

**Release of Information to share outcome of referral with referral information**

Completed (see attached)    No    OR    Verbal Consent provided on: \_\_\_\_\_

**Please send referrals to:**

For Adults: Fax to 867-873-0487 or call 867-767-9110 ext 3 to request a same-day appointment.

For children and youth: Phone or text 1-867-445-6332 or phone 1-867-767-9110 ext. 41716, or email [cyc\\_admin@gov.nt.ca](mailto:cyc_admin@gov.nt.ca)

**Reason For Referral:**

**Additional Information:**

**Date and Time:**

