NORTHWEST TERRITORIES
Health and Social Services Authority

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

Signature of client/parent/guardian as agreement and consent to referral: _____

Contact information of client/parent/guardian: _____

Printed name of signature above: _____

Date: _____

REFERRING AGENT ONLY

Referred by (name): Contact Information #:

Relationship to client (ie. guardian, teacher etc.):

Reason for referral:

Release of Information completed to share outcome of referral with referral agent:

◯ Yes- See attached ◯ No OR ◯ verbal consent provided on

Additional information:

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Please send referrals to: Phone: (867) 392-3005 Fax: 1-867-392-3006.
Date and time:

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

Referral Contact Log (*for internal CCP use only)

Service-user Name:

CCP Staff Name / Position:

Date:	**Time of contact:**	• **Service (ie. attempted phone call):**