CARIBOO FRIENDSHIP SOCIETY

99 South Third Avenue
Williams Lake, BC, Canada V2G 1J1
Phone: 250-398-6831 Fax: 250-398-6115
Email: admin@cfswl.ca
Website: www.cariboofriendshipsociety.ca

Hearth Restaurant	250-398-6831
Native Arts & Craft Shop	250-398-6831
Contracting	250-398-6831
Aboriginal Wellness Program	250-267-2377
Pregnancy Outreach Program	250-392-3583
Little Moccasins Learning Centre	250-398-6841
Little Mukluks Daycare	778-412-9282
Urban Aboriginal Housing	250-398-6831
Emergency Shelter	250-398-6831
Chiwid Transition House	250-398-5658
P.E.A.C.E. Program	250-398-7005
Family Ties Program	250-267-3703
Elder's Circle of Care	250-398-7921

Aboriginal Child and Youth Mental Wellness Program – Referral Form

Client Name:	Date of Birth:	Gender:
Address:	City/Town:	
Postal Code:	Email Address:	
Client Home Phone:	Client Cell Phone:	
Status: Yes ☐ No ☐ Affiliated Band: Metis: Yes ☐ No ☐	Urban ☐ Rural ☐	Name of School Attended by Client:

Name of Parent(s)/Legal Guardian(s)/Caregiver(s):

1) Name: _____ Home Phone: _____ Cell Phone: _____
2) Name: _____ Home Phone: _____ Cell Phone: _____
3) Name: _____ Home Phone: _____ Cell Phone: _____

Name of Primary Physician or Psychiatrist: Phone Number:	Previous/Current Mental Health Care and Dates (if applicable):

Current Medications, Allergies, Past Diagnosis (if available), or Other Relevant Medical Info:

Reason for Referral and Presenting Problem(s):

☐ Anxiety	☐ Eating Disorder	☐ Behaviour Problem	☐ Aggression	☐ Abuse
☐ Depression	☐ Substance Abuse	☐ Possible Psychosis	☐ Trauma	☐ Self-Harm

Suicidal Ideation: Yes☐ No ☐ Suicidal Attempt (describe): Yes ☐ No ☐	Other (describe)	Is Client Aware of this Referral? Yes ☐ No ☐	Urgent? Yes ☐ No ☐

Comments:

Referral Date:	Referral Source Organization:
Referral Source Name (Print):	Referral Source Signature:

Submit via: Fax: 250-398-6115, Email: cariboo.awc@shawcable.com or deliver to: 99 South 3rd Ave, Williams Lake, BC, V2G 2E8.
Any questions? Call the Aboriginal Wellness Coordinator at 250-267-2377.

Response Date (office use only): _____