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**Referral Form**

<ul style="list-style-type: none"> <li>○ <b><u>Virtual Counselling and Therapy Services</u></b></li> <li>○ Trauma</li> <li>○ Intergenerational Trauma</li> <li>○ Harm Reduction Counselling</li> <li>○ Grief</li> <li>○ Addictions Counselling</li> <li>○ Interpersonal Relationships</li> </ul>	<ul style="list-style-type: none"> <li>○ <b><u>Redpath Substance Use and Trauma Treatment Program</u></b></li> </ul>  <p>Cycle Date: _____</p>
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Name:

DOB:

Address:

Phone #:

Email:

Are you using NIHB benefits? If so, please provide your SCIS#: \_\_\_\_\_

(Mandatory to provide SCIS# if using NIHB Benefits)

Are you mandated to attend treatment or engaged in therapy services? Yes No

Are you a Residential School Survivor?

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Are you currently using Substances?

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What are you hoping to gain out of services (For either Redpath or Therapy Services)

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Are you committed to attending all scheduled sessions? (For either Redpath or Therapy Services)

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