

Signature of Referring Professional:

Counselling Referral Form Taiga Health

Devin T. Pollitt, RSW, MSW, PhD (c) Registered Social Worker BCCSW License # 12027 Cell: 250-615-6512

Fax: 250-638-0167 Email: info@taigahealth.ca

Referrals can be emailed or faxed. Email is preferred and is seen faster Incomplete referral forms will NOT be processed

incomplete	referral to	orms w	/III NOT be processed	
and agreeable to this referral?	YES	NO		
	YES	NO		
Is the patient Status First Nations?		NO		
a Citizen?	YES	NO	If yes, contact Nisga'a Valley Health for referral: 250-633-2	61
	Patient I	nforma	ation	
			Gender:	
Last	First		Middle	
			Phone:	
Street Address			Suite #	
City			Province Postal Code	
City				
	Relevant	Inform	ation	
Contact Information (Email and/	or Phone):_			
1:				
s:				
ast attempts:				
	and agreeable to this referral? rst Nations? Citizen? Last Street Address City Contact Information (Email and/	and agreeable to this referral? YES YES rst Nations? YES Citizen? Patient I Last First Street Address City Relevant Contact Information (Email and/or Phone):	and agreeable to this referral? YES NO YES NO rst Nations? YES NO Citizen? YES NO Patient Inform Last First Street Address City Relevant Inform Contact Information (Email and/or Phone): :	and agreeable to this referral? YES NO YES NO rst Nations? YES NO Citizen? YES NO If yes, contact Nisga'a Valley Health for referral: 250-633-2 Patient Information Gender: Last First Middle Phone: Street Address Suite # City Province Postal Code Relevant Information Contact Information (Email and/or Phone):

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