



## Short-Term Individual Counselling Referral Form

- ☐ The individual for whom this referral applies has consented to have this referral submitted to CMHA.

### Eligibility Checklist (*All must be met*):

- ☐ Client is 19 years or older  
☐ Client is a resident of Prince George  
☐ Client is seeking short-term individual counselling (maximum 10 sessions including intake)  
☐ For clients with a history of substance use or addiction: Client must have maintained sobriety for a minimum of 90 days prior to referral **OR** ☐ Not applicable to clients with no history of substance use or addiction

### Referral Source:

- ☐ Self-Referral  
☐ Professional Referral (complete below)

Referring Agency/Professional:

Contact Name:

Phone:

Email:

Relationship to client:

### Client Information:

Full Legal Name:

Preferred Name:

Pronouns:

Date of Birth (YYYY/MM/DD):

Phone Number:

Email:

Address:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text Can we leave a voicemail? ☐ Yes ☐ No

### Reason for Referral:

Please briefly describe the main reason(s) for referral:

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Relevant background, risk factors or current supports:

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### **Counselling Referral Terms**

Submitting this referral does not guarantee access to counselling services. All referrals will be reviewed to determine eligibility and fit based on program capacity, scope of practice, and client needs. If the referral is not suitable for this service, alternative options or resources may be provided.

All information shared will be kept confidential and handled in accordance with applicable privacy laws, regulations and organizational policies. To ensure confidentiality, completed forms must be emailed directly to [counselling@cmhanorthernbc.ca](mailto:counselling@cmhanorthernbc.ca).

Please note that this program does not accept referrals for individuals who are currently using substances. Clients with a history of addiction or substance use disorder must be substance-free for at least 90 consecutive days before being considered for services.

By signing this form, the client agrees to be contacted for intake and assessment purposes.

Referent Name:

Signature:

Date: