

# REFERRAL LETTER

Wilp Si'Satxw Community Healing Centre

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Preferred gender pronoun(s) \_\_\_\_\_

## PRESENT EMOTIONAL & PHYSICAL HEALTH

*(eg. physical or mental diagnosis, prescribed medications & dosages, mobility challenges, hearing impairments, self-care needs, chronic pain, food allergies)*

## WHAT RESOURCES DOES THE APPLICANT HAVE?

*(eg. financial, legal, aboriginal services, first nations health authority, government services)*

## PREVIOUS TREATMENT OR HEALING PROGRAM

*(eg. facility name, duration, treatment, outcome)*

## SUBSTANCE USE HISTORY

*(eg. substance name, last date used, typical amount, frequency)*

**CURRENT RELATIONSHIPS**

*(eg. living arrangements, marital status, dependents)*

**WHY SEEK HEALING NOW?**

*(eg. changes in relationships, finances, environment, physical or mental events)*

**HEALING PROGRAM GOALS**

*(eg. specific results or outcomes at conclusion of healing program)*

**REFERRED BY INFORMATION**

Full Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant:    Employer    Counselor    A.A. Sponsor    Physician    Probation Officer

Other (Specify): \_\_\_\_\_