



# Denisiqi Services Society

## Request For Wellness Services Form

### OUTREACH SERVICES:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> YOUTH OUTREACH    | <input type="checkbox"/> LAND BASED ACTIVITIES | <input type="checkbox"/> EQUINE/HORSE THERAPY |
| <input type="checkbox"/> ACADEMIC TUTORING | <input type="checkbox"/> ADULTING:101 PROGRAM  | <input type="checkbox"/> PATHWAYS PROGRAM     |
| <input type="checkbox"/> ICE HOCKEY        | <input type="checkbox"/> BALL HOCKEY           | <input type="checkbox"/> DROP IN DAY PROGRAMS |
- OTHER: \_\_\_\_\_

### Individual Referred

Last Name		First Name		Initial	Date of Referral
Address (including postal code)				Home Phone	
				Work Phone	
Date of Birth		Age		School: Grade:	
Status: Yes <input type="checkbox"/> No <input type="checkbox"/>				Affiliated Band	
Metis: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Minor, Parent/Guardian Name				Has Parent/Guardian been Notified Prior to Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for request					
Main Concerns					
Comments:					

### Referral Source

Referral Source Name	Referral Source/Agency
Contact Number	Email Address

Please return to DSS Linda Bingham Fax: 250-392-6501 Email: lindab@Denisiqi.org Thank-you!