

## NWOMCFS INTAKE

### Section A: To be Filled out by Referral Source

Name:

Address:

Telephone:

Date of Birth:

Age:

Gender:

Marital Status:

Referral Source Name:

Telephone:

Fax:

Referral Date:

REASON FOR REFERRAL/PRESENTING PROBLEM: Symptoms, behaviors, severity, etc.

### Section B: Office Use Only

NWOMCFS File #:

Supervisor:

Worker Assigned:

Counselor Assigned:

Date Assigned:





**Northwestern Ontario  
Métis Child & Family Services**

**Client Must Sign Consent Form in Order for Referral to be Processed**

### **CONSENT FOR SERVICE**

**If not a self referral, is the client aware of and does he/she consent to the referral?**

**Does client/guardian consent to intervention?**

**Does client/guardian consent to the storage of information by NWOMCFS in order to provide services to the client?**

**Signature of Client/Guardian:**

**Date:**

