



NWOMCFS INTAKE

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

Name:

Address:

Telephone:

Date of Birth:

Age:

Gender:

Marital Status:

Métis Citizen #:

Referral Source Name:

Telephone:

Fax:

Referral Date:

E-Mail:

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:

