

NATIVE ADDICTIONS COUNCIL OF MANITOBA

Pritchard House

Traditional, Family and Community

Referral Source information

Name of Referring Person:	Position:
Agency Name and Address:	
Phone #:	Fax #:
What is the nature of your relationship with the client (counselor, advocate, family, doctor)?	
How long have you known the client?	
Reason for involvement with referring person/agency?	
Give a brief description of client's problem as you see it?	
What is your assessment of the client's level of motivation at this time?	
To your knowledge, has the client ever experienced episodes of depression, anxiety, or any recent suicide attempts?	
What steps have been taken to prepare this individual for treatment?	
Please list the program and/or services available in your community for aftercare or follow-up for this client?	
Is there family support for this client?	

****PLEASE provide a brief history of why you feel the client would benefit from Pritchard House. (Use another sheet for documentation)**