



Client Information

Name: _____ DOB: _____

Address: _____

Band Name & Status Card Number: _____

Telephone Number: _____ Is it Okay to Text Message this Phone Number? Y/N

Is there another phone number to text message? _____

(please see our website for text messaging regulations www.qualiacounselling.com)

Gender () F () M

Reason Client Needs Counselling at This Time

Referred by Staff/Worker:

Agency Address:

Telephone Number: _____ Fax Number: _____

Consent to Communicate with Staff/Worker

I, _____, hereby authorize the release and collection of

(Print your/client name)

information between _____ and

(Print STAFF/WORKER name and agency)

Qualia Counselling Services Inc.

The information being disclosed or collected consists of:

My personal health information

The personal health information of _____

(Name of the **CHILD** or person for whom you are the GUARDIAN or substitute decision-maker*)

Mental health related information to be shared between the referrer and Qualia for treatment planning, updates and support

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

OR Verbal Consent provided to Worker _____ by _____ for the purpose of being contacted for mental health counselling.

My Name: _____

(Any person 12 years old or above or able and capable to consenting to mental health treatment. OR Guardian/Substitute Decision Maker)

Name of the Child or person for whom I am the guardian or substitute decision maker: _____

Signature: _____ Date: _____

Witness Name: _____ Phone Number: _____

Signature: _____ Date: _____

Once completed please FAX this form to Qualia Counselling Services at 866-343-3980

Please visit our website for more referral forms or information www.qualiacounselling.com