

Name of Referring Worker:

MENTAL WELLNESS REFERRAL FORM

Name of Referring Agency or Service:

Address:	Tel No:
	Fax No:
Referring To:	
Client's Information:	
Name:	Gender: M/F/Other.
Community:	Date of Birth:
Preferred Language:	Address:
Tel. No:	Email:
Emergency Contact Name:	Emergency Contact Number:
Presenting Concerns/Requests	

Email this referral form to one of the IRTC Wellness Team staff:

Lalith Nagella, Harm Reduction Coordinator/Tribal Wellness Supervisor. lalithnagella@irtc.ca
Tyler Geisler, Tribal Therapist. tylergeisler@irtc.ca
Sheri Gould, Wellness Coordinator. sherigould@irtc.ca
Marcie Tavares, NAYSPS Coordinator/Wellness facilitator. marcietavares@irtc.ca