



**Circle of Indigenous Nations Society**

**Main Office: 1801 Connors Road Castlegar BC V1N 3N9**

**Boundary Office: 7525 12<sup>th</sup> Street PO Box 1917 Grand Forks BC V0H 1H0**

**Website: [www.coinations.net](http://www.coinations.net)**

**Referral Form for Aboriginal Health Coordinator**

Client Name \_\_\_\_\_

Date: \_\_\_\_\_

Nation/ Band \_\_\_\_\_

FN/Metis Status # \_\_\_\_\_

D.O.B \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Phone #: \_\_\_\_\_

Can we leave a message? (yes/ no)

Email: \_\_\_\_\_

Do you have a Family Doctor or Nurse Practitioner? \_(yes / no)

If so, at which clinic? \_\_\_\_\_

Person/Agency referring: \_\_\_\_\_

Contact number for person making referral: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Community Agency Involvement: (yes/ no)

Agency/Programs:

\_\_\_\_\_

Informed Consent Signed: (yes/ no)

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

West Kootenay: Please fax this referral to: Sage Laboucan: 250-399-0731

Boundary: Please fax this referral to: Ashley Williams: 236-352-0384