

Counselling Intake Form

Ktunaxa Nation
Social Sector

Phone: (250) 421-8906
Fax: (250) 426-4663

web site: www.ktunaxa.org
e-mail: intakes@ktunaxa.org

First Name		Last Name		Previous Last Name (if applicable)	
BC Care Card Number		Birth Date (year/month/day)		Gender	
Street Address and Box Number				Postal Code	
Phone Number		Alternative contact Info.		Is it OK to leave a message? Yes No	
Emergency Contact Name		Your relationship to this person		Emergency Contact Phone Number	
Doctor		Are you of Aboriginal ancestry? If yes please list Nation or Band if known Yes No		Do you have a Status Card? If yes provide number. Yes No	
<p>If you are accessing services because of someone else's request please circle</p> <p>Partner Parent Colleague Child Court Order Other</p>					
<p>Who recommended that you contact us?</p> <p>Self Family Probation Doctor MCFD School Employer</p> <p>Other (specify)</p>					
What is your primary goal you wish to achieve through counselling?					
Are you currently receiving counselling or support from any other service agency? If yes, please list Yes No					
Have you ever attempted suicide or seriously harmed yourself? If yes, please explain Yes No					
Are you currently on medication or using other substances? If yes, please explain Yes No					