



## REFERRAL INFORMATION SHEET

### Mental Wellness and Substance Use Services

Government of Yukon, Box 2703 (H7), Whitehorse, Yukon, Y1A 4R7  
Telephone: (867) 456-3838 Fax: (867) 667-8471

Person referred or Legal Guardian is in agreement with sharing verbal and/or written information with Mental Wellness and Substance Use Services for the purposes of consultation and/or referral.

\_\_\_\_\_  
Client signature (if possible)

Date of Referral: YYYY/MM/DD	
Legal Name:	Gender:
a.k.a. (also known as):	Date of Birth YYYY/MM/DD
Phone:	Messages: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Messages: Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Address:	
Mailing Address:	
Contact Person:	
Relationship:	Phone:

### REFERRED BY:

Name:	
Agency:	Phone:
Family Doctor:	
Clinic:	Phone:

