

Urban Native Youth Association

Counselling Referral Form

This program is for Aboriginal, Métis, Inuit, or blended Indigenous ancestry youth, ages 13 to 24. This application form can be filled out and submitted by youth.

Parents/guardians, family members, or youth workers may also fill out and submit this form, **as long as the youth being referred is aware of and agrees to the referral.**

Appointments are available at UNYA or in the community, in a location of the youth's choice.

If you have any questions about this program, please contact us at [\(604\) 253-5885](tel:6042535885) or nativeyouthwellness@unya.bc.ca

Youth Information

Fill out this section with info for the youth who is being referred.

REQUIRED

Full name: _____

Date of birth: _____

Youth phone: _____

OPTIONAL

Text OK? Yes No

Alternative Contact: _____

(Facebook messenger, email, etc.)

Date of referral: _____

Do you identify as Indigenous? Yes No

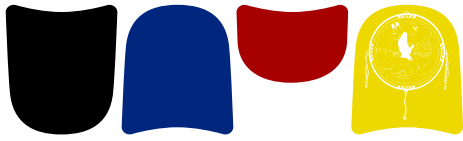
If yes: First Nations Métis Inuit

Emergency Contact

Name: _____

Phone: _____

Relationship to youth: _____



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Native Youth Health & Wellness Centre
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All questions on this page are optional

Who is making this referral?

- Self Parent/Guardian UNYA Program: _____
(Please specify.)
- Community Service Provider Health Authority Service Provider
- Other: _____
(Please specify.)

Name: _____ **Phone:** _____

Email: _____

Relationship to youth: _____

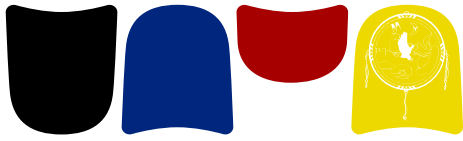
Intake Questions

Your answers will help us connect you with the right counsellor.

What would you like counselling support with?

Select as many answers as apply.

- Anxiety Stress PTSD Depression
- Grief/loss Anger Management Drugs + Alcohol
- Abuse Gender or Sexual Identity Issues at school
- Self-harm Self-Confidence/Self-Esteem Family Problems
- Bullying Cultural Support or Teachings Violence
- Resolve conflicts/misunderstandings with others (Mediation)
- Relationships + Communication Dealing with Peer Pressure
- Eating disorder/Body Image Issues Need someone to vent to
- Other: _____



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Intake Questions

Your answers will help us connect you with the right counsellor.

How often would you like to see a counsellor?

- 1 x per week 2 x per week
 2 x per month 1 x per month
 Less than 1 x per month / whenever I need it

Have you worked with an UNYA Counsellor before? Yes No

If yes, who? _____

Would you like to be reconnected with them? Yes No

Are there other UNYA programs you're interested in?

How did you hear about UNYA and our counselling program?

Is there anything else you'd like to let us know?

Use this space if there's anything else you'd like us to know about what you're dealing with, or what you're looking for.

**Please submit this completed form to
UNYA's Native Youth Health & Wellness Centre:**

Fax: (604) 254-7234 **Email:** nativeyouthwellness@unya.bc.ca

In person: 1640 East Hastings St, Vancouver, BC

Or drop off at UNYA head office at 1618 East Hastings St, Vancouver, BC