



Sage Haven Society

3082 3rd Ave. Port Alberni, BC V9Y 2A5
Telephone: 250 724-7111 Fax: 250 724-7113

Referral date: _____ Referral source: _____

3rd Party: _____ Agency Ph#: _____ Agency Fax#: _____

Parent/Guardian (if applicable): _____ Receiving counselling from another agency? Y / N

Client Name: _____ Date of Birth: _____ Pronouns: _____

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Past Client? _____

Safe Phone/Cell: _____ Safe Email: _____

Best time to call: _____ Safe to leave message? _____

If you have a support animal, are you able to provide certification to bring your support animal to our main office space? _____

Reason for referral: _____

Family history/emotional or behavioral concerns (for youth programs): _____

Services Required:

- | | |
|---|--|
| <input type="checkbox"/> STV Adult Women Counselling / Making Connections | <input type="checkbox"/> Community Based Victim Services |
| <input type="checkbox"/> Adult Outreach Support | <input type="checkbox"/> Community Resource & Drop-In Center |
| <input type="checkbox"/> Youth Outreach Support | <input type="checkbox"/> PEACE Program |

This form is considered a legal document

Note: This data is collected for the management of client files within the Agency, and no information will be shared with outside sources, without the express, written consent of the client. This is in accordance with the regulations contained in the Personal Information Protection Act.

A copy of this form has been provided to the client.

To contact the Privacy Officer (Executive Director) for Alberni Community and Women's Services Society, telephone 250-724-7111