



# 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical address:	
Mailing address:	
Contact person:	
Relationship:	Phone:

REFERRED BY	
Name:	
Agency:	Phone:
Family doctor:	
Clinic:	Phone:

