

PIWAPAN WELLNESS CENTRE  
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# Piwapan Wellness Centre

## PIWAPAN WELLNESS CENTRE/PIWAPAN WOMEN'S SHELTER – REFERRAL FORM

TODAY'S DATE: \_\_\_\_\_  
(DD/MM/YYYY)

**REFERRAL FOR:** (Please Check all that apply)

Relationship Wellness	_____	Youth Program (Ages 10-18)	_____
Community Outreach (On-Reserve)	_____	Second Stage (Sapohtewin House)	_____
Family Violence Outreach (Off-Reserve)	_____	Piwapan Women's Shelter	_____

**CLIENT NAME:** \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE AT REFERRAL: \_\_\_\_\_  
(DD/MM/YYYY)

BAND: \_\_\_\_\_ STATUS #: \_\_\_\_\_

PHYSICAL ADDRESS: (Street) \_\_\_\_\_

MAILING ADDRESS: P.O. BOX: \_\_\_\_\_ TOWN, PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FILL THE FOLLOWING IF APPLICABLE:**

SPOUSE NAME: \_\_\_\_\_ SPOUSE'S D.O.B.: \_\_\_\_\_  
(DD/MM/YYYY)

CHILDS' NAME(S):	_____	D.O.B:	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

**1. PARENT/FOSTER PARENT/GUARDIAN (If applicable):** \_\_\_\_\_

PHYSICAL ADDRESS: (Street) \_\_\_\_\_

MAILING ADDRESS: P.O. BOX: \_\_\_\_\_ TOWN, PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**2. PARENT/FOSTER PARENT/GUARDIAN (If applicable):** \_\_\_\_\_

PHYSICAL ADDRESS: (Street) \_\_\_\_\_

MAILING ADDRESS: P.O. BOX: \_\_\_\_\_ TOWN, PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**REFERRING AGENT:** \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for Referral (Please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any outstanding legal issues? Yes \_\_\_\_\_ / No \_\_\_\_\_

If yes, please check on of the following: Probation \_\_\_\_\_ Parole \_\_\_\_\_ Court Order \_\_\_\_\_ Charges Pending \_\_\_\_\_

**Office Use Only**

1. Referral Received by: \_\_\_\_\_ Received Date: \_\_\_\_\_

Referral Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

2. Follow-up by: \_\_\_\_\_ Date: \_\_\_\_\_

Still Interested in Services?: Yes \_\_\_\_\_ / No \_\_\_\_\_

Referral Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

3. Follow-up by: \_\_\_\_\_ Date: \_\_\_\_\_

Still Interested in Services?: Yes \_\_\_\_\_ / No \_\_\_\_\_

Referral Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

4. Follow-up by: \_\_\_\_\_ Date: \_\_\_\_\_

Still Interested in Services?: Yes \_\_\_\_\_ / No \_\_\_\_\_

Referral Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_