Addiction and Mental Health Clinic
Pincher Creek Clinic – Provincial Building
#212, 782 Main Street (Box 297)
Pincher Creek, AB T0K 1WO
Tel: 403-627-1121
Fax: 403 627-1145
E-mail: marc.yagos@ahs.ca

RCSD Mental Health Services Student Referral Form

Date : _____ School : _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name : _____ Contact Number : _____

Address : _____ AHC# (Student) :_____

FSLC Name : _____ FSLC Contact : _____

Parent has been contacted and is aware of referral: ☐

CTL has been contacted and referral has been discussed: ☐

Please give a brief description around the reason this student is being referred to AHS – Addiction and Mental Health, and identify the presenting problems and other pertinent issues that should be addressed (i.e. family issues, depression, other mental illness) :

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Identify the reason for the referral, and the existing barrier(s) in the way preventing the family from accessing support through an Addiction & Mental Health Clinic in or near their community:

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Office Use Only: