

**QomQem Coastal Connections
Services Referral Form**

Send to: admin@gomqem.com

Our services are dedicated to promoting Indigenous wellness by offering a range of culturally sensitive support and healing practices without judgment.

Date: _____

Referred by: _____

Client Information:

Name: _____ Nickname: _____

Date of Birth: _____ Contact Info: _____

Status Card Number: _____ Preferred Pronouns: _____

Living Situation/Address: _____ Nation/Band: _____

Client Supports Needed:

Housing: _____

Culture: _____

Treatment/ Detox: _____

Paperwork/ Applying for various services: _____

Harm Reduction: _____

Other: _____

Client Signature: _____

Date: _____

Thank you

All subjects in this form will remain confidential.



