



**Canadian Mental  
Health Association**  
Vernon  
*Mental health for all*

## Request for Intake Form

Application Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Name: \_\_\_\_\_  
Print

Pronoun: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Do we have permission to leave a voicemail on the phone number provided?

Yes \_\_\_\_ No \_\_\_\_

Do we have permission to text the cell number provided?

Yes \_\_\_\_ No \_\_\_\_

Email: \_\_\_\_\_

How did you hear about CMHA? \_\_\_\_\_

How can CMHA assist you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you connected to Mental Health Services? Yes \_\_\_\_ No \_\_\_\_

Do we have permission to contact your service provider (doctor, mental health worker, etc.)?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*A staff member will be contacting you within 10 business days to arrange an intake appointment.

3100 – 28th Avenue Vernon BC V1T 1W3 | T: 250.542.3114 | F: 250.549.8446 | [www.cmhavernon.ca](http://www.cmhavernon.ca)