

# Nisga'a Valley Health Authority Mental Health Department Intake Form

Our staff will review your information and connect you to the right person and program for your needs. All information is 100% confidential.

**First name:**

**Last name:**

**Address:**

**Phone number:**

**Email address:**

What is the issue you need help with?

- Grief
- Trauma
- Addiction
- Loss
- Domestic abuse
- Other \_\_\_\_\_

**Choose all or any of the above that apply:**

Please provide a brief description of your challenge and what you are looking for (this is not required, but will help us place you with the best person).



**Nisga'a Valley  
Health Authority**