

INTAKE FORM



Weaving Webs of Connection – Virtual Spiritual Health Pilot Program

Welcome. This free service is dedicated to people with advanced illness and their loved ones, who have little access to other emotional, social or psychospiritual support (e.g. due to rural living, limited mobility or ability to travel). Sessions are offered by clinical spiritual health practitioners one-to-one and in groups, by phone or video call. Currently sessions are offered in English only.

Please complete this 2-PAGE form to refer someone or to refer yourself, filling in as much information about them/you as possible. If you'd prefer to share this information over the phone with one of our team members, please call us at **778-676-1135** or email virtuallspiritualhealth@phsa.ca

*** Please see page 2 for how to submit the form, and to know how the information you share will be used and protected.**

TODAY'S DATE (DD/MM/YYYY):				
NAME of PERSON REFERRED (first, last):				
Preferred title (optional):			Preferred pronouns (optional):	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Mr. <input type="checkbox"/> Other:				
PERSONAL HEALTH NUMBER (back side of BC Services Card):				
DATE OF BIRTH (DD/MM/YYYY):				
EMAIL:				
PHONE NUMBER:				
MAILING ADDRESS (street and number, city/town/village, province, postal code):				
FOR THOSE WITH ADVANCED ILLNESS: NAME OF YOUR PHYSICIAN or MAIN HEALTH CARE PROVIDER:				
PHYSICIAN or HEALTH CARE PROVIDER'S PHONE NUMBER (if known):				
HOME HEALTH AUTHORITY or REGION:				
	Fraser	Interior	Island	Northern
	PHSA	Providence	Vancouver Coastal	Yukon
IF YOU ARE CONNECTED WITH A HEALTH OR PALLIATIVE CARE CENTRE PLEASE LIST (e.g. a dialysis clinic or hospice):				
REFERRED BY: <input type="checkbox"/> Self <input type="checkbox"/> Care provider (please write name, role & contact number if different from provider listed above):				

OTHER IMPORTANT INFORMATION (please write here anything that would be helpful for our team to know about how we may support you/the person being referred):

ABOUT PRIVACY AND CONFIDENTIALITY:

- Your/the referred person’s personal information is being collected on this form for the purpose of providing you/them care under s. 26(c) of the BC Freedom of Information and Protection of Privacy Act (FIPPA). Further information provided by or about you/the person being referred in writing, by phone and in session appointments will be kept private and confidential under the BC FIPPA. For any further questions about how information is collected please call **PHSA Spiritual Health at: 778-676-1135**.
- Our spiritual health practitioners are members of the provincial health care team, employed by [Provincial Health Services Authority \(PHSA\), Spiritual Health Services](#). They are clinically trained in counselling, trauma-informed care and cultural safety, and work with local health, hospice and community care providers to support you/the person being referred in a collaborative, holistic way. As needed *and with your/the person’s desire and consent*, they may work together with, for example, physicians, nurses, social workers, hospice staff, elders, and cultural and religious leaders in community.

SUBMITTING THE FORM AND FOLLOW UP:

- **For physicians and staff:** please use encryption or your Secure File Transfer Protocol (SFTP) to email the completed form to virtuallspiritualhealth@phsa.ca
- **For those who are self-referring:** you can use email encryption (e.g. through your email provider), or simply email the completed form to virtuallspiritualhealth@phsa.ca Please note that if you do not use email encryption there is risk, as with any unprotected email, of the information you share being stolen or “hacked.” If you prefer to share this information with one of our team members by phone, please call us at: **778-676-1135**
- Once forms are submitted, one of our spiritual health practitioners will phone you/the person being referred to talk about how we may be of support (including who else of your health or community care team we may work with) and to set up an initial one-to-one appointment. Daytime and some evening and weekend times are available; we will do our best to find a time that works well. Groups sessions are offered at set times during the week. The intention of these groups is for mutual learning and support, emotional processing, strengthening a sense of compassionate connection and belonging. Groups may also have special topics. More information about current groups will be shared in the first one-to-one appointment.

If you have questions please
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