



Nuu-Chah-Nulth Tribal Council Health Department
Teechuktl Mental Health/Quu'asa
Request for Cultural Services

Client Information	
Date of Request:	
Client's Name:	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> 2SLGBTQQIA+	
First Nation Affiliation/Status #	
Address	Client's Telephone #:
Anticipated # of participants:	
Reason for Request:	
<input type="radio"/> History & Impacts of Indian Residential Schools	
<input type="radio"/> Grief & Loss	
<input type="radio"/> Forgiveness	
<input type="radio"/> Impact of Trauma	
<input type="radio"/> Other	
Cultural Support: Do you have a preference of type of support your requesting? Example: Smudging, Cedar Brushing, Prayer, Water etc	
General Information:	
<input type="radio"/> RHSW Services	Office Use Staff Assigned:
<input type="radio"/> Cultural Support Services	
<input type="radio"/> Elder Support Services	