



The PACE Program

Working together to foster emotional well-being
in our community through
connection, support and education

The PACE Program

1524 West 65th Avenue, Vancouver BC V6P 2R1

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Supporting Healthy Transitions Program REQUEST FOR CONSULT ONLY *

*If you are the legal guardian, please fill out the details below.

If you do not have legal guardian consent, please note this will be a general consultation only with no identifying information being used. In this case, please fill out the details below omitting the details and name of the child/ren. *

Forward completed request to the Intake Team at the PACE Program by:

Fax: 604-266-3041 or Email: admin@thepaceprogram.ca or Directly to your SHTP Counsellor

A. Information:

Requested By:		Request Date:	
Role:		Office Code:	
Office #		Direct Line #	
Cell #			
Length of time involved with child/family:		Email:	
Name of Child/ren*:		Age(s):	

Reason for Consultation*:

B. Consent for Consultation:

Legal Guardian:	
Signature:	
Name: (if not guardian)	
Signature:	