



# The Art of Living Mindfully

## Referral Form

Fx: 250-984-7755

[info@bcalm.ca](mailto:info@bcalm.ca)

BCALM.ca

PLEASE COMPLETE ALL INFORMATION BOXES BELOW **INCLUDING EMAIL ADDRESS**.  
INCOMPLETE OR ILLEGIBLE REFERRALS WILL BE RETURNED.

Date of Referral:		
Client Name:		Phone:
Address:		<b>**Client Email Address:**</b> <b>**</b>
DOB:	Age: 21+ y/o	PHN:
Referred by: Clinic: Phone: Fax:		Family Physician: Phone: Fax:

<b>What are the major stressors this patient is currently experiencing?</b>
<b>Please provide relevant history:</b>
<b>Diagnosis and ICD9 code:</b>
<b>CONDITIONS: Please indicate all that apply:</b> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Insomnia <input type="checkbox"/> Addiction <input type="checkbox"/> PTSD <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Acute Stress Situation List other conditions:
<b>MEDICATIONS: Please indicate all that apply:</b> <input type="checkbox"/> Antidepressants <input type="checkbox"/> Mood stabilizers <input type="checkbox"/> Anti-psychotics <input type="checkbox"/> <b>NO MEDICATIONS</b> <input type="checkbox"/> Anti-anxiety <input type="checkbox"/> Opioids <input type="checkbox"/> Hypnotics/Sedatives List other medications:
<b>Please confirm this patient is appropriate for group based learning:</b> <input type="checkbox"/> substance use <b>would not</b> interfere with ability to learn/participate <input type="checkbox"/> <b>is not</b> at risk to harm self or others <input type="checkbox"/> <b>does not</b> have a disorder that might interfere with group process <input type="checkbox"/> <b>is not</b> cognitively impaired <input type="checkbox"/> <b>does not</b> have <b>active</b> psychosis, PTSD, mania or dissociation <input type="checkbox"/> <b>does not</b> have criminal or legal issues pending

We request that the referring clinician be available to the client for therapeutic support if the need arises.  
This program cannot provide emergency/additional sessions or support.