

The Art of Living Mindfully

SAMPLE Referral Form

Fx: 250-984-7755

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BCALM.ca

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

| | | |
|--|-------------------|--|
| Date of Referral: | | |
| Client Name: ALL PATIENT DEMOGRAPHICS OR STICKER | | Phone: |
| Address: | | **Client Email Address: ** MUST BE INCLUDED! IF PATIENT DOES NOT HAVE ONE, MAYBE FAMILY OR FRIEND CAN PROVIDE ONE |
| DOB: | Age: 21+ y/o | PHN: |
| Referred by: <input checked="" type="checkbox"/> MUST BE INCLUDED FOR MSP AND MRP | Family Physician: | |
| Clinic: <input checked="" type="checkbox"/> | Phone: | |
| Phone: <input checked="" type="checkbox"/> | Fax: | |
| Fax: <input checked="" type="checkbox"/> | | |

What are the major stressors this patient is currently experiencing?
MUST BE INCLUDED-ASSISTS US TO UNDERSTAND CURRENT STRESSORS

Please provide relevant history:
REQUESTED-ASSISTS US TO UNDERSTAND PAST MEDICAL HISTORY/CURRENT ONSET

Diagnosis and ICD9 code:
NICE TO BE INCLUDED

CONDITIONS: Please indicate all that apply:

| | | | |
|-------------------------------------|---|---------------------------------------|---|
| <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:
MUST BE INCLUDED-ASSISTS US TO UNDERSTAND CHALLENGES

MEDICATIONS: Please indicate all that apply:

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Antidepressants | <input type="checkbox"/> Mood stabilizers | <input type="checkbox"/> Anti-psychotics | <input type="checkbox"/> NO MEDICATIONS |
| <input type="checkbox"/> Anti-anxiety | <input type="checkbox"/> Opioids | <input type="checkbox"/> Hypnotics/Sedatives | |

List other medications:
↑ BOTH CHECK-BOX SECTIONS MUST BE COMPLETED ↓

Please confirm this patient is appropriate for group based learning:

| | |
|---|--|
| <input type="checkbox"/> substance use would not interfere with ability to learn/participate | <input type="checkbox"/> is not at risk to harm self or others |
| <input type="checkbox"/> does not have a disorder that might interfere with group process | <input type="checkbox"/> is not cognitively impaired |
| <input type="checkbox"/> does not have active psychosis, PTSD, mania or dissociation | <input type="checkbox"/> does not 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.