The Art of Living Mindfully

Mindfulness Meditation Referral Form EXAMPLE

Fx: (1)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: 20+ y/o	PHN:
Referred by: ✓ ***MUST BE INCLUDED FOR MSP AND MRP*** Clinic: ✓ Phone: ✓ Fax: ✓		Family Physician: Phone: Fax:

Please provide brief history and current stressors ☐ history attached

MUST BE INCLUDED-ASSISTS US TO UNDERSTAND CURRENT STRESSORS, PAST MEDICAL HISTORY/CURRENT ONSET

Diagnosis and ICD9 code: ***NICE TO BE INCLUDED***

CONDITIONS: Please indicate all that apply:

☐ Depression	☐ Anxiety	☐ Insomnia	☐ Addiction
☐ PTSD NO ACTIVE SYMPTOMS	☐ Personality Disorder	☐ Chronic Pain	☐ Acute Stress Situation

MUST BE INCLUDED-ASSISTS US TO UNDERSTAND CHALLENGES

MEDICATIONS: ☐ **NO MEDICATIONS** ☐ LIST ATTACHED

↑ BOTH SECTIONS MUST BE COMPLETED ↓

Please confirm this patient is appropriate for group based learning: (In the event of unclear group suitability additional information may be requested)

☐ **DOES NOT** have **active** substance use ☐ **DOES NOT** have a disorder that might interfere with group learning(eg PD)
☐ **IS NOT** cognitively impaired ☐ **HAS NOT** had **active** PTSD sx for > 6 months (nightmares, flashbacks, dissociation)
☐ **DOES NOT** have criminal/legal issues pending ☐ **DOES NOT** have **active** psychosis ☐ **IS NOT** at-risk to harm self or others

☐ **UNDERSTANDS THIS IS AN 8 WEEK COMMITMENT; 90 MIN CLASS AND 10-30 MIN HOME PRACTICE/DAY**

EXAMPLE ONLY!