



# The Art of Living Mindfully

## Mindfulness Meditation Referral Form

Fx: (1)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>
DOB:	Age: 20+ y/o	PHN:
Referred by: Clinic: Phone: Fax:		Family Physician: Phone: Fax:
Please provide brief history and current stressors <span style="float: right;"><input type="checkbox"/> history attached</span>		
Diagnosis and ICD9 code:		
<b>CONDITIONS:</b> 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 NO ACTIVE SYMPTOMS <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Acute Stress Situation Other Conditions:		
<b>MEDICATIONS:</b> <input type="checkbox"/> NO MEDICATIONS <input type="checkbox"/> LIST ATTACHED		
<b>Please confirm this patient is appropriate for group based learning:</b> (In the event of unclear group suitability additional information may be requested) <input type="checkbox"/> DOES NOT have active substance use <input type="checkbox"/> DOES NOT have a disorder that might interfere with group learning(eg PD) <input type="checkbox"/> IS NOT cognitively impaired <input type="checkbox"/> HAS NOT had active PTSD sx for <u>&gt; 6 months</u> (nightmares, flashbacks, dissociation) <input type="checkbox"/> DOES NOT have criminal/legal issues pending <input type="checkbox"/> DOES NOT have active psychosis <input type="checkbox"/> IS NOT at-risk to harm self or others  <input type="checkbox"/> UNDERSTANDS THIS IS AN 8 WEEK COMMITMENT; 90 MIN CLASS AND 10-30 MIN HOME PRACTICE/DAY		

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.