



# The Art of Living Mindfully

## Mindfulness Meditation Referral Form-SAMPLE

Fx: (1)250-984-7755  
[info@bcalm.ca](mailto:info@bcalm.ca)  
 BCALM.ca

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

Date of Referral:		
Client Name: <b>ALL PATIENT DEMOGRAPHICS OR STICKER</b>		Phone:
Address:		<b>*Client email address*** MUST BE INCLUDED! IF PATIENT DOES NOT HAVE ONE, MAYBE FAMILY OR FRIEND CAN PROVIDE ONE</b>
DOB:	Age: 20+ y/o	PHN:
Referred by: <input checked="" type="checkbox"/> <b>MUST BE INCLUDED FOR MSP AND MRP</b> Clinic: <input checked="" type="checkbox"/> Phone: <input checked="" type="checkbox"/> Fax: <input checked="" type="checkbox"/>	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:

Please confirm whether your patient has received at least 2 doses of a Health Canada approved COVID-19 vaccine  yes  no  
**MUST 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 NO ACTIVE SYMPTOMS	<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Acute Stress Situation

Other Conditions: **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

PATIENT IS AWARE OF AND APPROVES THIS REFERRAL  
 UNDERSTANDS THIS IS AN 8 WEEK COMMITMENT; 90 MIN CLASS AND 10-30 MIN HOME PRACTICE/DAY