



The Art of Living Mindfully

Mindfulness Meditation Referral Form

Fx: (1)250-984-7755

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:	Phone:
Address:	*Client email address*
DOB:	Age: 20+ y/o
PHN:	
Referred by:	Family Physician:
Clinic:	Phone:
Phone:	Fax:
Fax:	
Please provide brief history and current stressors <input type="checkbox"/> HISTORY ATTACHED	
Diagnosis and ICD9 code:	
Please confirm whether your patient has received at least 2 doses of a Health Canada approved COVID-19 vaccine <input type="checkbox"/> yes <input type="checkbox"/> no	
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:	
MEDICATIONS: <input type="checkbox"/> NO MEDICATIONS <input type="checkbox"/> LIST ATTACHED	
Please confirm this patient is appropriate for group based learning: (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 > 6 months (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"/> PATIENT IS AWARE OF AND APPROVES THIS REFERRAL <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.