

## **MSP covered mindfulness based stress management**

Dear Community Physicians/Clinicians:

We are very excited to announce that we are offering our MSP funded course, the Art of Living Mindfully (ALM), **in-person or online** and are accepting referrals from every community in British Columbia!

Trained physician facilitators run this 8 week course as a group medical visit, teaching mindfulness, meditation and CBT strategies to people challenged by stress related conditions.

This **evidence based** intervention is particularly helpful for patients with anxiety disorders, depression, chronic illness, chronic pain, and insomnia.

### **Please discuss the following points with your patient prior to referring:**

- Participants must be able to commit to attending 90-120 minute sessions weekly for 8 weeks. Home exercises and daily meditation is expected for the entire class.
- A willingness to learn and a commitment to practice is key to success in this course.
- To monitor progress, we require participants to share briefly (verbal check in) each week.
- There is \$100 registration fee with \$40 being refunded to those who attend ALL 8 FULL classes.

### **REFERRALS:**

We accept referrals from physicians, psychiatrists, midwives or nurse practitioners. MSP coverage is dependent on a participant having a specific ICD9 diagnosis.

### **Prior to submitting a referral, please ensure:**

- The current form is being used. *Please discard any old forms.*
- Handwritten referrals are legible.
- All patient demographics are provided *including* email address.
- Complete referring practitioner info is provided including clinic fax number.
- History and medication sections are complete.
- All check boxes in the lower section are marked.

**SPECIAL NOTE:** Patients with acute/severe depression, suicidality, psychosis, active PTSD (remote PTSD not currently active may be permissible), violent behaviour, or active substance use **are not appropriate referrals** and referrals may be returned.

Thank you for your ongoing support of our program and we look forward to more great years of service, growth and healing.

BC Association for Living Mindfully



# 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 **INCLUDING EMAIL ADDRESS**. INCOMPLETE OR ILLEGIBLE FORMS 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 <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		
<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 <6 months <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>≥ 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"/> PATIENT IS AWARE OF AND APPROVES THIS REFERRAL <input type="checkbox"/> UNDERSTANDS THE 8 WEEK COMMITMENT; 90-120 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.