REFERRAL FORM
for
"DEALING WITH FEELINGS" GROUP

Hosted by
Developmental Disabilities Mental Health Services

fraserhealth Better health. Best in health care.

Group Being Referred To:

*Please check **one**...*

- ☐ September 21 - November 2, 2016 in Burnaby
- ☐ January 20 - February 24, 2017 in Port Coquitlam
- ☐ April 3 - May 15, 2017 in Burnaby

Receipt of this referral by DDMHS does not guarantee a placement in the group. Group numbers and dynamics are considered and you will be informed if your client will be accepted to join a group.

Mail referral to:
Group Referral
#207, 2248 Elgin Avenue,
Port Coquitlam B.C. V3C 2B2

OR

Fax referral to:
(604) 461-2189

For enquiries please telephone: 604-777-8475

Client Referral for "Dealing with Feelings" Group

by Developmental Disabilities Mental Health Services

Referral Criteria: Client must…

- have a mild intellectual disability (IQ 50 - 70)
- be treated for any psychiatric diagnoses
- have a caregiver or parent join concurrent group unless client is completely independent
- be interested in discussing anxiety and depression in a frank, non-judgemental way
- be safe in a group
- come to all 6 group sessions, unless ill

CLIENT INFORMATION:	**CAREGIVER/PARENT INFORMATION** ***(If applicable):***
Client Name: _____	Caregiver/Parent Names:_____
Client Gender: _____	Relationship to Client: _____
Client's Date of Birth: _____	Address: _____
Personal Health Number: _____	_____
Address: _____	Caregiver Home Telephone: _____
_____	Caregiver Cel Phone: _____
Client Home Phone Number: _____	Caregiver Email: _____
Client Cel Phone Number: _____	
Client Email: _____	

CLIENT REFERRED BY:

Client? ☐ Caregiver or Parent as Above? ☐ If other:

Print Name: _____

Relationship to client/occupation: _____

Address: _____

Office Telephone: _____ Cel Phone: _____

Email: _____

CLIENT INFORMATION:

-if details do not fit in space provided, please attach information on an additional paper.
-if answer is none, write "none."

Psychiatric Diagnoses: _____

_____

IQ (must be between 50 - 70):_____

Behavioural Problems (specify): _____

_____

_____

_____

Suicidal ideation or attempts: _____

_____

_____

Is there any history of violence that will this affect others in a group learning setting?

_____

_____

_____

Communication abilities and ability to join in on group discussions:

_____

_____

_____

Reasons for referral to this Dealing with Feelings group: _____

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