REFERRAL FORM
for
"HEALTHY RELATIONSHIPS" GROUP

Hosted by
Developmental Disabilities Mental Health Services

Group Being Referred To:
*Please check **one**…*

- ☐ September 9 - September 30, 2016 in Abbotsford
- ☐ September 12 - October 17, 2016 in Surrey
- ☐ January 4 - January 25, 2017 in Burnaby
- ☐ April 7 - May 5, 2017 in Port Coquitlam

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 “Healthy Relationships” 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
- be interested in discussing relationships in a frank, non-judgemental way
- be safe in a group
- come to all 4 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 Healthy Relationships group: ___________________________________

____

____

____

____

____

____

____

____

____