

REFERRAL FORM
for
“SEXUAL HEALTH” GROUP

Hosted by
Developmental Disabilities Mental Health Services



Group Being Referred To:

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

- October 7 - November 4, 2016 in Abbotsford
- October 24 - Dec.12, 2016 in Surrey
- February 8 - March 8, 2017 in Burnaby
- May 12 - June 16, 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 “Sexual Health” Group

by Developmental Disabilities Mental Health Services

Referral Criteria: Client must...

- have a mild intellectual disability (IQ 50 - 70)
- be treated if he/she has any psychiatric diagnoses
- be interested in discussing sexuality in a frank, non-judgemental way
- be safe in a group
- come to all 5 group sessions, unless ill

CLIENT INFORMATION:	CAREGIVER/PARENT INFORMATION <i>(If applicable):</i>
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: _____ _____	Is there any history of violence that will this affect others in a group learning setting? _____ _____
IQ (must be between 50 - 70): _____	_____
Behavioural Problems (specify): _____ _____ _____	_____
Suicidal ideation or attempts: _____ _____ _____	Communication abilities and ability to join in on group discussions: _____ _____ _____

Reasons for referral to this sexual health group: _____

