ISLAND COMMUNITY MENTAL HEALTH

PSR Referral Form

Which program are you interested in (For more details visit www.icmha.ca)

☐ PEER Support
- Art
- Cooking
- Virtual Goals
- Craft
- Men's group
- Talk and step

☐ Bridge/Seniors Support Network
- Arts and crafts
- Mental Health wellness
- Coffee and conversation
- Brain Games
- Documentary club
- Body movement
- Morning check-in

☐ Networks
- Education
- Employment

☐ GROW
- Wake up with ICMHA drop-in
- Mindfulness
- CBT
- Emotional Intelligence
- Sleep Revolution
- Yoga
- Music
- Community Connections
- 1:1 Goal Coaching

What are your goals?

☐ Weekly Structure Art
☐ Develop Mental Health Coping Skills
☐ Lifestyle Habits (e.g., sleep, physical activity
☐ Healthy Thinking
☐ Social Connection
☐ Develop social connection
☐ Return to work
☐ Return to education
☐ Improve communication and social skills
☐ Community Connection
- ☐ Volunteering
- ☐ Recreation
- ☐ Mental Health Programming

☐ Other

How will you get yourself to programs?

☐ Driving Self
☐ BC Transit
☐ HandyDart
☐ Taxi

For more program information, please visit: www.icmha.ca

ICMHA | 125 Skinner Street Victoria BC V9A 6X4 | Phone: 250-389-1211 | Fax: 250-389-1263

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Date of Referral: _____

What is your name? _____ Preferred Pronoun: _____
Last Name First Name

DOB: _____ Phone: _____Okay/safe to leave a voicemail?_____

Email: _____

Preferred method of contact: Text____ Email_____ Phone___ Other_____

Address: _____
Street City Postal Code

Emergency Contact: _____ Phone: _____
Name Relationship

Who is making this referral?

☐Self-referral ☐GP ☐Psychiatrist ☐Case Manager ☐Social Worker ☐OT ☐Support Worker

☐Other_____

Referrers' details (if applicable): _____
Name Role Clinic/Program Name

Phone: _____ Email: _____

Do you have any additional Supports? Or attend other program?

_____ Phone: _____
Name Type of support

MEDICAL & SAFETY INFORMATION

Please tell us about your mental health?:

_____

Do you have any Physical/Cognitive Issue(s that would impact your ability to part of programs?

_____

Have you experienced Psychiatric hospitalization in the last year? What would you like us to know about this if anything?

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(This question speaks to your current experience of safety and stability both personally and in group settings. It helps us better plan with you for a successful experience)

Are you currently at risk of suicide/self-harm?	☐ Yes ☐ No	Details:
Are you currently at risk of harming others?	☐ Yes ☐ No	Details:
Do you use substances? (past or present)?	☐ Yes ☐ No	Details:

Thank you for filling out this referral form. Referrals can be sent in the following ways:
Email: Paula.greene@islandhealth.ca or Fax: 250-389-1263

For all inquiries about referrals please contact:
Krysten O'Coffey - PSR Program Manager - ***Krysten.ocoffey@icmha.ca/ 250.389.1211 Ext: 128***

Once we receive your referral form you will be contacted by a worker in the relevant program within approximately one month.

GUIDELINES:

- You are an adult, 19 years and above
- You live in Vancouver Island's Capital Regional District, including Southern Gulf Islands
- You are experiencing mental health issues and are seeking to work on your recovery you may also be experiencing additional substance use issues.
- You are willing to participate in group or 1:1 mental health recovery work.

We would like all participants to receive the best possible experience. Unfortunately, you may have to miss group or 1:1 sessions if you are:

- Experiencing a deterioration of your mental health. We will support you to get the right help
- Actively suicidal or at risk of harm to yourself or others
- Actively using substances before, or during groups. We do not need you to be abstinent but you do need to be able to safely participate in programming

If ICMHA programs are not a good fit for you right now we will help refer you to other community resources.