



This One Referral form is for all Mind Space Programs: Foundations course, Level 2, Raising Resilient Kids, ADHD and Pilot Programs

PLEASE SELECT CAREFULLY: As your colleagues, we are asking you to help us help you by ensuring the patients you refer are suitable and prepared for group-based learning. **We do not have an intake office or triage clinicians to screen patients; rather, we depend on you.** You can find the referral form on our website, as well, the referral forms have been embedded in MOIS, Oscar, Med Access and Wolf.



Universal Referral Form

Use this one referral form to access all programs, including:

- CBT Skills Foundations
- Skills for Success: ADHD Strategies for Adults
- Raising Resilient Kids Parenting
- CBT Skills for Insomnia
- Mindfulness, Booster, and other groups are offered to patients once they complete foundational groups

 **ATTN: Mind Space**
fax 1-778-265-0298

PATIENT CONTACT INFORMATION					
Last Name			First Name		
Name			Name		
Apt/Suite #	House/Bldg #	Road/Street	Town/City	Prov	Postal Code
	1111	mind space street	Victoria	BC	x1x 1x1
Date of Birth (MM/DD/YYYY)		Gender	PHN	Telephone (incl. area codes)	
01/01/0000		f	123456789	123-456-7890	
PATIENT EMAIL			<input type="checkbox"/> This referral is for a physician		
patient@email.ca					

✓ Patient Information

- First/Last Name
- Address
- Postal code
- DOB
- PHN
- Phone number
- Email **this is how we contact the patient*

MOST RESPONSIBLE PRACTITIONER (FAMILY PHYSICIAN, WALK-IN CLINIC PHYSICIAN, OR NURSE PRACTITIONER)		
Last Name		First Name
Your name		Your name
MSP #	Office Telephone Number (including area code)	Fax Number
12345	123-456-7890	123-456-7890

✓ Most Responsible Practitioner

- Patients cannot be referred without an identified MRP. A primary care provider must be available to provide therapeutic support if necessary. This program cannot provide emergency/additional sessions/supports.
- Complete all fields

REFERRING CLINICIAN (if not an MD or NP, the MRP above must have agreed for you to be their designate)		
Last Name	First Name	Credentials or MSP#
Referring Agency (e.g., PCN, UPCC, if applicable)		

PATIENT HISTORY	
Programs are resourced for those with mild-moderate illness severity. The programs are NOT for acutely suicidal patients. MRP is responsible for individualized or crisis care needs.	
<p>Eligibility Criteria:</p> <ul style="list-style-type: none"> • Not severely depressed - PHQ-9 score <19 • Not actively suicidal or otherwise at risk for harm to self • Not at risk of harm to others • Not cognitively impaired, MoCA score <26 • Not using alcohol or drugs at a level that would interfere with group-based learning • Not living with personality disorder symptoms that might interfere with group process • Not living with a psychotic disorder • Not currently or recently manic or hypomanic 	<p>Primary Diagnosis:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 300 Anxiety Disorder <input type="checkbox"/> 311 Depressive Disorder <input type="checkbox"/> 309 Adjustment Reaction <input type="checkbox"/> 314 ADHD <input type="checkbox"/> V61.2 Parent-child Relational Prob <input type="checkbox"/> 780.52 Insomnia Disorder <input type="checkbox"/> Other (specify ICD9 code): _____
<p>I confirm the patient meets each of these eligibility criteria</p> <p>Screening Required: PHQ-9 Score</p> <p>12</p> <p>Score must be <19</p>	
Detailed eligibility criteria is available at mind-space.ca (e.g., for those with bipolar disorder, eating disorders, personality disorders, recent or current hospitalization and others).	
Additional notes to support referral	
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✓ Patient History

- PHQ-9 Score <19
- Psychiatric Diagnosis **please review inclusion/exclusion criteria*
- Confirm that the patient is appropriate for group-based learning

778-746-1705

hello@mind-space.ca

mind-space.ca



Download form, fill, and **fax**.
For privacy reasons, form cannot be submitted electronically
Attn: Mind Space Fax 778.265.0298.