



**Referral Form** (download this form at: [www.mindfulmood.com](http://www.mindfulmood.com))

All patients must be in active individual therapy to be in a group. This can be provided by the family physician, a psychiatrist, SW or other qualified health care provider. It is the patient's responsibility to call my office for an appointment.

Reason for referral: I offer group psychotherapy only.

What is the patient's understanding of this referral? \_\_\_\_\_

Please check to which workshop you are referring? Please note, I do not provide urgent assessments.

Mindful Living Workshop (MBCT workshop for people who are well and have a history of Anxiety, Depression or Adjustment Disorder): \_\_\_\_\_

Compassionate Living Workshop This is a Mindful Self-Compassion Program as developed by Kristin Neff and Christopher Germer; it is adapted for patients struggling with Anxiety, Depression or an Adjustment Disorder. Patients must have mindfulness meditation experience.: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ (H)Ph: \_\_\_\_\_ (O)Ph: \_\_\_\_\_  
\_\_\_\_\_ (C)Ph: \_\_\_\_\_ Expiry: / / /  
Health Card #, Version Code: \_\_\_\_\_  
History of Current Psychological Difficulties: \_\_\_\_\_

**Past Psychiatric and Medical History:**

**Current Medications:**

Referring Physician/ Health Care Provider (Please include your relationship to the patient):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Family Physician: \_\_\_\_\_