Canadian Mental Health Association
Kelowna

WELLNESS PROGRAMS REFERRAL FORM

FAX COMPLETED FORM TO 250-763-4827

Date received:

- ***Step 1:***
  - *Submit this form for access to any or all programs/services below.*
- ***Step 2:***
  - *CMHA Staff will contact applicant directly.*
- ***Step 3:***
  - *Attend orientation.*

WRAP® APPLICANTS ONLY: *in order to provide you with the best service, please let us know if you require wheelchair access:* ■ YES ☐ NO

THIS FORM IS TO BE COMPLETED BY THE PROFESSIONAL MOST FAMILIAR WITH THE APPLICAN'T MENTAL HEALTH HISTORY

CMHA'S Wellness Development Center promotes wellness and community for adults experiencing mental health challenges. Our programs assist individuals to build personal skills and tools to enhance their wellbeing through social connection, education and activities such as yoga, mindfulness and fitness.

The ***ArtWorks Studio*** provides free art classes, group art projects and open studio time to be creative and connect with others.	***Peer Support Services*** aim to break isolation and provide support from people who understand what it's like to live with mental health issues. One-to-one mentorship is available on a case by case basis.	***Nutrition*** Come and enjoy a nutritious meal and connect with peers. Food is served Tuesday – Thursday 12-12:20 pm for $3.00	The ***Wellness Recovery Action Plan®*** or WRAP® is a self-designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be. This 6 session course runs on Tuesdays through Thursdays from 12-2pm.

For more information on these programs, go to: http://cmhakelowna.com/wellness-programs/

APPLICANT CONTACT INFORMATION					
NAME					
DATE OF BIRTH	DAY	MONTH	YEAR	GENDER	
PHONE			CELL #		
EMAIL					
ADDRESS					
CITY				POSTAL CODE	
EMERGENCY CONTACT	NAME	RELATIONSHIP		CONTACT #	

REFERRAL INFORMATION			
REFERRING AGENT NAME			
TITLE/POSITION		AGENCY/ ORGANIZATION	
TELEPHONE		FAX	
EMAIL			
PSYCHIATRIST		PHONE	
MENTAL HEALTH CLINICIAN		PHONE	
PHYSICIAN		PHONE	

KELOWNA BRANCH | 504 Sutherland Ave Kelowna BC V1Y 5X1 | T: 250.861.3644 | F: 250.763.4827| www.cmhakelowna.org

APPLICANT'S MENTAL HEALTH HISTORY		
Mental health diagnosis, Medical conditions And/or Disabilities	Describe:	
Signs of Decompensation: What does it look like when this person becomes unwell?	Describe:	
Has applicant been prescribed psychiatric medication?	☐ Yes ☐ No ☐ Unsure	If medication not used as prescribed, please explain:
If yes, does the applicant use medication as prescribed?	☐ Yes ☐ No ☐ Unsure	

Does applicant have a history of substance misuse?	☐ Yes ☐ No ☐ Unsure	Any comments on this?
If yes, are they currently using?	☐ Yes ☐ No ☐ Unsure	

Does applicant have a history of violence?	☐ Yes ☐ No ☐ Unsure	If yes, please provide details

Has applicant been informed of this referral?	☐ Yes ☐ No	How long have you been working with the applicant?	

REFERRING AGENT SIGNATURE		DATE	

Our programs are group-oriented and for each referral we take into consideration the fit and appropriateness of the applicant. If we feel we are unable to provide an appropriate level of service for your client, you will be contacted by our Wellness Staff. CMHA will make every effort to review referrals within three (3) business days and applicants will be contacted directly to arrange an appointment. We are unable to process incomplete or illegible referrals.

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