



**Canadian Mental
Health Association**
Haliburton, Kawartha, Pine Ridge
Mental health for all

CBT Group Referral

Date: _____

First Name: _____

Last name: _____

Date of Birth: _____

Phone Number: _____

Alternate Contact Information: _____

Best time to call? Morning Afternoon

Can workers leave a message? Yes No

Previous CBT experience: _____

Mental health diagnosis/symptoms: