**Peer Outreach Group Referral Form**

Date:

Name:

Date of Birth:

Phone #:

Alternate Contact Information:

Can Workers Leave a Message? Yes No

Have You Been a Previous C.M.H.A.H.K.P.R. Client? Yes No

If Yes, When?

Referral Source:

Please indicate which group(s) you are registering for;

***Self Esteem***

* For Women Under 30
* For Women Over 30
* For Men under 30
* For Men Over 30
* For LGBTQ+

***W.R.A.P. (Wellness Recovery Action Plan)***

* Classic
* Youth (16 to 24)
* Family

Please send referrals to Anthony Parisi at [aparisi@cmhahkpr.ca](mailto:aparisi@cmhahkpr.ca)

or by calling (705) 748-6711 ext. 2068