



Group Referral Form

Date:

Client Name:

Date of Birth:

Phone #:

E-mail:

Can Workers Leave a Message? Yes No

Preferred Method of Contact:

Is the client aware of the referral? Yes No

Referring Worker/Agency:

Contact information:

Mental Health Diagnosis and/or Symptoms:

Special Considerations:

Please select which group(s) you are interested in:

- Changeways**
- Youth Changeways**
- Dialectical Behavioral Therapy (DBT) Skills**

Please submit referral to groupsptbo@cmhahkpr.ca

Office Use Only

Date Referral Received:

Added to Waitlist: Yes No

Entered into CRMS: Yes No

Date of Contact:

Contacted By:

Client Confirmation: Yes No

Message(s) Left:

Comments:



**Canadian Mental
Health Association**
Haliburton, Kawartha, Pine Ridge

Description of Health Team Groups

Changeways

Purpose: Use of educational classes that apply a framework taken from Cognitive Behavioural Therapy (CBT) to help increase an individual's understanding of and ability to manage symptoms of anxiety and depression. This group also aims to encourage the development, implementation and maintenance of goals.

Age: 25 and older

Additional Criteria: Experiencing mild to moderate level of symptoms of anxiety and/or depression.

Length: 12 weeks including orientation

DBT Skills

Purpose: Through the use of skill development, mindful practice and increasing safe and effective coping strategies, this group aims to help individuals change behavioural, emotional, thinking, and interpersonal patterns associated with problems in living.

Age: 25 and older

Additional Criteria: Motivated and committed to developing and practicing skills.

Length: 15 weeks including orientation

Youth Changeways

Purpose: Use of educational classes that apply a framework taken from Cognitive Behavioural Therapy (CBT) to help increase an individual's understanding of and ability to manage symptoms of anxiety and depression.

Age: 16-24

Additional Criteria: Experiencing mild to moderate level of symptoms of anxiety and/or depression.

Length: 9 weeks including orientation

NOTE: Please email a completed group referral form to groupsptbo@cmhahkpr.ca when referring people to groups offered through the Health Team.