

**Peer Outreach Group Referral Form**

|  |
| --- |
| 1. **Contact Information** |
| **Location:**   **Peterborough**   **Kawartha Date:** |
| **Pronouns:**   **Name:** |
| **Date of Birth:**   **Phone #:** |
| **Alternate Contact Information:** |
| **Can Workers leave a message?**   **Yes**   **No**   **Discrete** |
| **Have you been a previous C.M.H.A. H.K.P.R. client?**   **Yes**   **No**  **If Yes, when?** |
| **Referral Source:** |
| 1. **Group Information – Please indicate which group(s) you are registering for:** |
| **Self Esteem**  **For Women**   **For Men**  **W.R.A.P. (Wellness Recovery Action Plan)**  **Classic**  **Other Groups:**  **Coping Skills & Strategies**   **Anger Management**   **Mood Walks**  **Please send referrals to: poref@cmhahkpr.ca** |