

**Peer Outreach Group Referral Form**

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| 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:**
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|  **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** |