



## Renewing Mind Psychotherapy

444-2055 Commercial Dr. Vancouver, BC V5N 0C7

6D - 7398 Yonge St #1309, Thornhill, ON L4J8J2

Website: [www.renewingmind.ca](http://www.renewingmind.ca)

Phone: (416) 765-1550/ Fax: (778) 775-1551/ Email:  
[admin@renewingmind.ca](mailto:admin@renewingmind.ca)

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A) Referring Clinician's Name: \_\_\_\_\_

Referring Clinician's registration # \_\_\_\_\_

Date of Referral \_\_\_\_\_

Referring Clinician's Tel. No. \_\_\_\_\_

Referring Clinician's Fax No. \_\_\_\_\_

### B) Patient Information

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

DOB: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Patient phone \_\_\_\_\_ Patient e-mail \_\_\_\_\_

Next of Kin \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

### C)

#### 1. Reason for Referral

Anxiety ☐ Low Mood/ Depression ☐ Grief/Loss ☐

Trauma ☐ Burnout/Emotional Fatigue ☐

Other ☐

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## 2. Current symptoms:

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## 3. Mental Health

History: \_\_\_\_\_

Current psychotropic medications prescribed (if any):  
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## 4. Eligibility requirements

*\*We can currently only accept patients with mild to moderate mental health conditions:*

<b>We are not able to accept patients:</b>
<ul style="list-style-type: none"><li><i>• Whose primary concern revolves around alcohol or drug use and/or are so impaired by alcohol/ drug use that it would adversely affect therapeutic connection</i></li></ul>
<ul style="list-style-type: none"><li><i>• Who are actively suicidal or at risk of harm to self</i></li></ul>
<ul style="list-style-type: none"><li><i>• Who are at risk for harming others</i></li></ul>
<ul style="list-style-type: none"><li><i>• Who are cognitively impaired; MMSE should be &gt;27</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with psychotic disorder</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with aggressive behaviors</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with personality disorder concerns to an extent that would a) adversely affect therapeutic connection or b) make virtual mental health care a suboptimal option</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with concerns around mania that would a) adversely affect therapeutic connection or b) make virtual mental health care a suboptimal option</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with severe (crippling) depression</i></li></ul>
<ul style="list-style-type: none"><li><i>• Struggling with severe (crippling) anxiety</i></li></ul>

5. Is this patient currently attending counseling/coaching/psychotherapy sessions? No ☐  
Yes ☐

6. Does this patient have current / past involvement with any of the following:

- Legal ☐
- Child Abuse Services ☐
- Insurance Concerns/ Worksafe ☐
- Immigration ☐
- Anger management programs ☐

- Other ☐

7. Is this patient aware CCMHC offers only virtual sessions and agreeable to this?

Yes ☐ No ☐

8. Is this patient interested in:

Group Therapy:

Group A: Anxiety/Depression ☐

Group B: Grief/Loss ☐

Group C: Burnout/Emotional Fatigue ☐

Group D: Holiday Blues ☐

Group E: Other group from website \_\_\_\_\_

Individual Therapy:

Individual Therapy ☐

**\*\* Please fax your referral to: (778) 775-1551. Thank you for your referral. \*\***