Institute for Advancements in Mental Health

Referral Form
Recovery in Action (RIA) Group

RIA is a 7-week support group for adults living with schizophrenia and psychosis that are ready to make changes in their recovery by applying cognitive-behavioural therapy (CBT) skills.

Client Information		
Name		**Birthdate** (mm/dd/yy)
Address	**Telephone Number** **Can we leave a voicemail?** □ Yes □ No	**E-mail Address** (if applicable)
Diagnosis	**Current Medication(s)**	**What other treatment(s) is this client receiving?**
Are there any of the following risk factors? □ Suicidal □ Self-harm □ History of violence □ Medication non-compliance □ Other, please specify _____		**Does the client have insight about their mental health condition?** □ Yes □ No
Can the client participate in a group setting? □ Yes □ No		**Is the client willing to complete weekly take-home activities?** □ Yes □ No

Referral Information		
Name		**Are you a:** □ Psychiatrist □ Clinician (OT, Nurse etc.) □ Social Worker □ Other_____
Agency Name	**Agency Address**	
Telephone Number	**Fax Number**	**E-mail Address**
Has the client given permission for this referral? □ Yes □ No	**Will you continue to monitor this client while they attend this group?** □ Yes □ No	**How did you learn about the group?**

Please return completed Referral Form by <u>fax or e-mail</u> to:

Alyssa Hirji, Family & Individual Clinical Counsellor
Institute for Advancements in Mental Health
95 King Street East, Suite 300
Toronto, ON, M5C 1G4
Tel: 416-449-6830 ext. 261
Fax: 416-449-8434
E-mail: ahirji@iamentalhealth.ca