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

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

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