

## Recovery in Action (RIA) Referral Form

The RIA Program 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.

*Please note that incomplete information may impact the client's acceptance into the RIA Program.*

CLIENT INFORMATION		
Name of Client	Date of Birth	Diagnosis
Address	Telephone Number  Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
Is the client demonstrating any safety concerns or risk factors? <input type="checkbox"/> Frequent Hospitalizations <input type="checkbox"/> History of Violence <input type="checkbox"/> Legal Challenges <input type="checkbox"/> Suicidal <input type="checkbox"/> Self-Harm <input type="checkbox"/> Substance Use <input type="checkbox"/> Other:		Is the client taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral		

REFERRAL INFORMATION		
Name of Clinician	Title Role	Referring Organization/Hospital
Telephone Number with Extension and/or Email	How did you learn about the RIA Program?	
Has the client given permission for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you continue to monitor this client while they attend the RIA Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please return completed Referral Form by fax or e-mail to:**

Mindy Lee, Family & Individual Clinical Counsellor  
Institute for Advancements in Mental Health  
Tel: 416-449-6830 ext. 256  
E-mail: [mlee@iamentalhealth.ca](mailto:mlee@iamentalhealth.ca)