

Counselling Support for IPCC Patients North and West Vancouver

Referral Form

Therapeutic counselling service for patients living with moderate depression and/or anxiety with complex health care needs.

Patient Name: _____

Patient Telephone: _____ Cell: _____

Date of Birth: _____

Major chronic health conditions (check all that apply):

- Diabetes
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- Chronic Kidney Disease
- Hypertension
- Other _____

Medications : _____

Please confirm that the patient:

- is not cognitively impaired
- is not misusing drugs or alcohol
- does not have a personality disorder
- does not have a history of bipolar disorder or psychosis
- is not currently receiving service from VCH's mental health & addiction services

If available, please include the patient's PHQ-9 score: _____

Reason for referral: _____

Referring Physician/NP or CDM Nurse Contact Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please transmit referral information to:

Meagan Maddocks, M.A., R.C.C.
CMHA North and West Vancouver Branch

Fax: 604-980-0336

Phone: 604-987-6959