

Referral Form

“DEALING WITH ANXIETY”

A Zoom Group For Persons with Intellectual Disabilities

Hosted by Anne Halas, Training Facilitator for
Developmental Disabilities Mental Health Services



Fax completed referral to 604-918-7550

Referral Criteria: Client must...

- have a mild intellectual disability (IQ 50 - 70)
- be aged 19 years or older
- be treated/under doctor's supervision if he/she has any psychiatric diagnoses
- be interested in discussing anxiety and depression in a frank, non-judgmental way

Please complete the following:

CLIENT INFORMATION:

Client Name: _____

Client Gender: _____

Client Date of Birth: _____

Personal Health Number: _____

Address: _____

Client Email Address (*required*): _____

Client Cel Phone Number: _____

Client Home Phone Number: _____

Name and email of referrer: _____

CLIENT INFORMATION:

-if the answer is “none,” please fill in space with the word “none” so that I know you answered this question

Psychiatric Diagnosis: _____

IQ (*must be between 50-70, please provide actual number if you have it*): _____

Why does client need this group? : _____

Any behavioural problems (specify)? : _____

Details about any recent suicidal ideation or attempts: _____

What are their communication abilities to join in on group discussions (and is a sign-language interpreter required?): _____

Clients will often need the assistance of a caregiver for these zoom sessions. Will there be one available to assist? Materials will be sent to be printed, will that work? Comment on who this caregiver will be and how they can assist: _____

Caregiver’s email: _____

After receipt of this referral Anne Halas will email you to confirm and to help you with Zoom. Group is capped at 8 participants. If more apply Anne may offer other dates or times.