Diversified
REHABILITATION GROUP

www.PTSDrecovery.ca

Mental Health Programs Referral Form
Phone: 888-402-8222
Toll Free Fax: 877-869-1870
Email: info@diversifiedrehab.ca

MENTAL HEALTH PROGRAMS – Kelowna, BC:

☐ 5-Week Traumatic Stress Recovery Program (TSRP) – First Responder Group
☐ 5-Week Traumatic Stress Recovery Program (TSRP) – General Public Group
☐ 11-Day Anxiety and Depression Recovery Program (A&DRP)
☐ 4-Week Pre-admission Virtual Support (only check if registering for TSRP or A&DRP)

CLIENT INFORMATION:

Last Name:		Prov. Health Card #	
First Name:		Date of Birth:	
Address:		Primary Language:	☐ English ☐ Other
City		Pre-Disability Occupation:	
Province		Date of Disability:	
Postal Code:		Phone #:	
Email:		Claim/File # (if applies):	

REFERRAL AGENCY TYPE:

☐ Veteran's Affair Canada
☐ RCMP
☐ Police/Fire/Ambulance/Corrections Services
☐ Provincial / Federal Health Services
☐ Long Term Disability
☐ WCB
☐ Private
☐ Other

REFERRING AGENCY:

Name:		**Job Title / Specialty:**	
Company:		Phone:	
Address:		Fax:	
City		Email:	
Province		Postal Code:	

REFERRING TREATMENT PROVIDER:

Name:		**Job Title / Specialty:**	
Company:		Phone:	
Address:		Fax:	
City		Email:	
Province		Postal Code:	

DIAGNOSTIC CRITERIA:

☐ PTSD
☐ Anxiety
☐ Depression
☐ Other: _____

☐ Work related
☐ Non-work related
☐ Both work and non-work related

REFERRAL INFORMATION:
In order to arrange a timely admission, please provide us with any relevant medical/clinical information with this referral. Copies of past assessments, consults, tests results and discharge summaries are very helpful.

ADDITIONAL INFORMATION – Check all that apply:

More than 6 months	Last 6 months	Primary concern	Condition	More than 6 months	Last 6 months	Primary concern	Condition
☐	☐	☐	PTSD, Abuse or Trauma	☐	☐	☐	Chronic Pain
☐	☐	☐	Anxiety	☐	☐	☐	Cognitive Disorder
☐	☐	☐	Depression	☐	☐	☐	OCD
☐	☐	☐	Bipolar	☐	☐	☐	Personality Disorder
☐	☐	☐	Addiction	☐	☐	☐	Other:

Current Risk Assessment – check all that apply:

☐ Current active suicidal thoughts
☐ Current passive suicidal thoughts
☐ History of suicide attempts
Date of last attempt:_____
☐ Current thoughts of harm to others
☐ History of violence towards self (self harm)
☐ History of violence toward others

Any additional details regarding above:

_____

_____

_____

HISTORY OF ADDICTION/SUBSTANCE:

In order to be considered for our mental health programs, the client MUST be free of any substance use for a minimum of 30 days prior to admission (case by case basis).

Is the client currently free of substance use? ☐Yes ☐No

History of any drug or alcohol/substance use? ☐Yes ☐No

If Yes, please comment on type of substance, length of use and treatment:

_____

_____

Does the client use medical marijuana? ☐Yes ☐No
Does the client use prescribed narcotics? ☐Yes ☐No

REQUIRED DOCUMENTS MUST BE ATTACHED WITH REFERRAL:

☐ Funding Approval confirmation attached
☐ Medical / Background Documents attached (including diagnosis)
☐ Current medication list attached (name, dosage, frequency, reason for use)
☐ Other: _____

Notes: _____

_____

_____

Referring Agency or Care Provider Signature: _____ **Date:** _____

TERMS AND CONDITIONS

PRIVACY AND CONFIDENTIALITY

Diversified Rehabilitation Group (Diversified) is committed to respecting the privacy and confidentiality of information it receives, in accordance with Diversified Rehabilitation Group's Privacy Guidelines, and applicable law. Diversified has established and will continue to maintain reasonable safeguards to protect the security and confidentiality of personal information.

DEPOSIT PAYMENT TERMS AND CONDITIONS

Deposit

A $2,000 non-refundable deposit is required at the time of the referral*.

Insurance Carriers/ Provincial and Federal Health Plans:

- A third-party payment and funding conformation letter must be submitted with the referral.
- *The $2,000 non-refundable deposit will apply at the point of cancellation of the referral before 30 days of the program start date.
- Once the funding confirmation letter is received, the participant will be contacted to confirm admission and to schedule a phone consultation.

Private Payers:

- Once the $2,000 deposit payment is received, the participant will be contacted to confirm admission and to schedule a phone consultation.
- The remaining balance is due no later than 30 days prior to the program start date.

Cancellation Policy

This cancellation policy applies to all Third-Party and Private Payers.

- Any cancellation less than 30 days prior to the program start date is non-refundable.
- If the participant needs to withdraw from the program for medical reasons, less than 30 days prior to the program start date, the spot will be held for the next available program. A medical note from **a psychologist or a psychiatrist** is required.
- In the event that any program is postponed by Diversified Rehabilitation Group Inc., you will be provided with a full refund or have the option to hold your funds for the next available date.

Deposit Payment Options:

- E-transfers to: bookkeeping@diversifiedrehab.ca – no password required
- Credit card payment: payment portal on www.PTSDRecovery.com
- Wire Transfer: contact us for account information

Disclaimer

Diversified Rehabilitation Group reserves the right to alter the terms and conditions if required.