DIVERSIFIED
REHABILITATION GROUP
www.PTSDrecovery.ca

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

MENTAL HEALTH SERVICES

☐ **Veterans / First Responders** **OR** ☐ **General Public**

☐ **11-Week Traumatic Stress Recovery Program (TSRP)**
5 weeks residential & 6 weeks post-treatment

☐ **Pre-admission Program** (only applicable to those registering for TSRP)
4 weeks virtual support prior to TSRP

☐ **8-Week Anxiety & Depression Recovery Program (A&DRP)**
4 weeks virtual, 1 week residential & 3 weeks post-treatment

☐ **Individual Counselling**
☐ Virtual or ☐ In person Please specify number of sessions required: _____

☐ **Comprehensive Concurrent Disorder (addiction and mental health) Assessment**

☐ **Comprehensive Addiction Assessment**

☐ **Psychiatric Assessment**

CLIENT INFORMATION

Last Name: _____ Claim/File #: _____
First Name: _____ Prov. Health Care #: _____
Preferred Name: _____ Date of Birth: _____
Address: _____ Date of Injury: _____
City/Province: _____ Phone #: _____
Postal Code: _____ Email: _____
Pre-Injury Occupation: _____

REFERRING AGENCY

Organization: _____ Postal Code: _____
Referring Person Name: _____ Phone: _____
Title/Profession: _____ Fax: _____
Address: _____ Email: _____
City/Province: _____

REFERRING TREATMENT PROVIDER

Name: _____ Postal Code: _____
Company Name: _____ Phone: _____
Title / Profession: _____ Fax: _____
Address: _____ Email: _____
City/Province: _____

DIAGNOSTIC CRITERIA

- ☐ PTSD
- ☐ Anxiety
- ☐ Depression
- ☐ Other: _____

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

ADDITIONAL INFORMATION – Check all that apply

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

If Other, provide details:

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 USE

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).

1. Is the client currently free of substance use? ☐ Yes ☐ No
2. Does the client use medical marijuana or prescribed narcotics? ☐ Yes ☐ No
3. Any history of alcohol/substance dependency? ☐ Yes ☐ No

*__If Yes to 2__., please list & include dosage. *__If Yes to 3__, please comment on type of substance, length of use & treatment.

OCCUPATIONAL DETAILS

Is the client currently working? ☐ Yes ☐ No

If No; please indicate the last date worked: Date: _____

Have any return-to-work (RTW) attempts been made? ☐ Yes ☐ No

If yes, provide details (same job/ same duties or modified duties/hour). If RTW was not successful, provide details:

REQUIRED DOCUMENTS

To arrange a timely admission, please attach relevant medical/clinical information with referral: copies of past assessments, consults, tests results and discharge summaries etc..

- ☐ Funding Approval Confirmation attached
- ☐ Medical / Background Documents attached (including diagnosis)
- ☐ Current Medication List attached (name, dosage, frequency, reason for use)
- ☐ Other: _____

Additional Detail:

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.

PAYMENT TERMS AND CONDITIONS

Insurance Carriers/ Provincial and Federal Health Plans (Third-Party and Private Payers) Mental Health Programs

A third-party funding confirmation letter must be submitted with the referral. The spot will not be held until the funding confirmation letter is received. Once the funding confirmation letter and the referral are received, the participant will be contacted to confirm admission and to schedule a phone consultation.

Private Clients

A $2,500 non-refundable deposit is required at the time of the referral. The $2,500 non-refundable deposit will apply at the referral's cancellation point or less than 30 days before the program start date.

Once the non-refundable deposit 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 before the program start date.

Psychiatric Assessments and Individual Counselling Psychiatric Assessments

The referral form is a request for service. The fee for the requested service will be billed after the Assessment.

Individual Counselling

The referral form serves as a request for service. The third-party referral sources will be invoiced once a month.

CANCELLATION POLICY — THIRD-PARTY AND PRIVATE PAYERS

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

Mental Health Programs

Any cancellation less than 30 days prior to the program start date is non-refundable. However, if the participant must withdraw from the program for medical reasons less than 30 days before 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. However, the $2,500 non-refundable administration fee will apply. The non-refundable administration fee will be waived by enrolling a person instead of the initial referral.

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.

Psychiatric Assessments and Individual Counselling Psychiatric Assessments

We require a minimum 48-hour cancellation notice. If you do not inform us less than 48 hours before the assessment date, a $1,500 cancellation fee will be applied.

Individual Counselling

Clients must notify the clinician a minimum of 24 hours of their absence.

If they do not inform their clinician 24 hours before the appointment, the third-party referral source will be responsible for paying the full counselling session fee. The clinician will notify the third-party referral source if the client does not attend the session.

PAYMENT OPTIONS

E-transfers to: **bookkeeping@diversifiedrehab.ca** – no password required.

Wire Transfer: contact us for account information.

Third-party funding authorization letter

DISCLAIMER

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

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