Referral for Y-Mind

Click or tap to enter a date.

Name of person being referred: Click or tap here to enter text.

Gender or preferred gender: Click or tap here to enter text.

Age of person being referred: Click or tap here to enter text.

Contact information

Phone Click or tap here to enter text.

Can we text you?

E-mail Click or tap here to enter text.

Do you prefer: e-mail  phone  other  Please explain Click or tap here to enter text.

Are you able to commit to all 7 sessions? Yes no  *we do understand that you may have a couple days where you are not able to attend due to sickness or other priorities.*

Please note transportation is available!

Referral source: Click or tap here to enter text.

Is the individual aware of this referral: Click or tap here to enter text.

Please return to:

Brooke Belkin

[bbelkin@cmhakootenays.org](mailto:bbelkin@cmhakootenays.org)

Fax: (250) 426-2134

Phone: (250) 426-5222 ext 3223

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