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

Fax: (250) 426-2134

Phone: (250) 426-5222 ext 3223

Canadian Mental Health Association for the Kootenays

100-1000 21st Avenue North

V1C 5L9

Cranbrook BC