Canadian Mental Health Association
Kelowna
Mental health for all

THE BRIDGE
Youth & Family Services

CONNECTED BY 25 SUPPER CLUB

OFFICE USE ONLY
RECEIVED: _____

PLEASE FAX COMPLETED FORM TO 250-763-4827
OR SUBMIT TO 504 SUTHERLAND AVE
KELOWNA BC V1Y 5X1

SUPPER CLUB IS A 12-WEEK PROGRAM SET IN A SAFE AND SUPPORTIVE ENVIRONMENT WHERE YOUNG PEOPLE CAN LEARN ABOUT AND GAIN VALUABLE LIFE SKILLS IN A GROUP

APPLICANT CONTACT INFORMATION			
LAST NAME		FIRST NAME	
PHONE #		CELL #	
STREET ADDRESS		CITY	
POSTAL CODE		EMAIL ADDRESS	
GENDER	❒ MALE ❒ FEMALE ❒ TRANSGENDER	DATE OF BIRTH	

PROGRAM

❒ SUPPER CLUB ❒ LIVING LIFE TO THE FULL ❒ BOTH SUPPER CLUB AND LLTTF

LIVING LIFE TO THE FULL (LLTTF) IS AN 8 WEEK COGNITIVE BEHAVIOURAL SKILLS GROUP. IF REFERRING ONLY TO LLTTF PLEASE FILL OUT ALL CONTACT INFORMATION ALSO REQUIRED BY SUPPER CLUB. ALSO, PLEASE NOTE LLTTF IS A LOW INTENSITY PSYCHOSOCIAL SKILLS BASED GROUP AND IS NOT APPROPRIATE AS A STAND-ALONE SUPPORT FOR SEVERE DEPRESSION AND ANXIETY

REASON FOR REFERRAL

OTHER PROFESSIONAL/PERSONAL SUPPORTS			
NAME/ORGANIZATION		PHONE #	
NAME/ORGANIZATION		PHONE #	
NAME/ORGANIZATION		PHONE #	
EMERGENCY CONTACT			
NAME		PHONE #	

KELOWNA BRANCH | 504 Sutherland Ave Kelowna BC V1Y 5X1 | T: 250.861.3644 | F: 250.763.4827| www.kelowna.cmha.bc.ca

REFERRING AGENT CONTACT INFORMATION					
REFERRING AGENT NAME				PHONE #	
TITLE/POSITION		ORGANIZATION/ AGENCY		FAX #	
ADDRESS					

APPLICANT'S MENTAL/PHYSICAL HEALTH HISTORY					
MEDICAL CONDITIONS AND/OR DISABILITIES					
MENTAL HEALTH DIAGNOSIS				HAS APPLICANT BEEN PRESCRIBED PSYCHIATRIC MEDICATION	❒ YES ❒ NO
DOES APPLICANT USE MEDICATION AS PRESCRIBED?	❒ YES ❒ NO	IF NO, PLEASE EXPLAIN:			
DOES APPLICANT HAVE A HISTORY OF SUBSTANCE MIS-USE?	❒ YES ❒ NO	IF YES, ARE THEY CURRENTLY USING?	❒ YES ❒ NO		
IF YES, PLEASE PROVIDE DETAILS:					
DOES THE APPLICANT HAVE A HISTORY OF VIOLENCE?	❒ YES ❒ NO	IF YES, PLEASE PROVIDE DETAILS:			
HAS APPLICANT BEEN INFORMED OF THIS REFERRAL?	❒ YES ❒ NO	HOW LONG HAVE YOU BEEN WORKING WITH THE APPLICANT?			
DOES APPLICANT HAVE ANY PHYSICAL HEALTH ISSUES OR ALLERGIES?					
PLEASE TELL US WHY YOU FEEL THAT SUPPER CLUB WOULD BE AN APPROPRIATE RESOURCE FOR THIS YOUNG PERSON, INCLUDING WHAT KEY AREAS THE YOUNG PERSON WOULD LIKE TO FOCUS ON					
NAME OF REFERRING AGENT				DATE	
SIGNATURE OF REFERRING AGENT					

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