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 – Kelowna, BC:

11-Week Traumatic Stress Recovery Program (5 weeks residential & 6 weeks post-treatment)
☐ Veterans / First Responders Cohort **or** ☐ General Public Cohort

4-Week Pre-admission Virtual Support (only check if registering for TSRP)
☐ Veterans / First Responders **or** ☐ General Public

8-Week Anxiety & Depression Recovery Program (4 weeks virtual, 1 week residential & 3 weeks post-treatment)
☐ Veterans / First Responders **or** ☐ General Public

Individual Counselling ☐ Virtual **or** ☐ In person (Veterans & First Responders only)

☐ Comprehensive Concurrent Disorder (addiction & mental health) Assessment
☐ Comprehensive Addiction Assessment
☐ Psychiatric Assessment

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: _____

_____

_____

If referring for individual counselling, please specify number of sessions required.

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 after every fifth session or at the termination of the service.

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 50% of the 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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