



Patient Identification

REFERRAL FORM

Mindfulness-Based Cognitive Therapy Group (MBCT) *for women*

MBCT is an 8-week intensive structured group program that combines cognitive-behavioural therapy (CBT) and mindfulness meditation practices **for women with a history of recurrent or residual depression**. The program addresses working with symptoms of depression including tools and techniques focused on prevention and self-care.

Patient's Name: _____

Street: _____ City: _____ Postal Code: _____

Phone #: _____ Date of Birth: _____

Health Card #: _____ WCH MRN #: _____

Chief complaint / Diagnosis / Current Mood:

Relevant Mental Health History:

Exclusion criteria for MBCT may include current substance use disorder in past year, active suicidality, psychosis, bipolar disorder, severe symptoms of PTSD, social anxiety or *any conditions that would be adversely affected by participation in the group or intensive meditation practice.*

Please provide details of any known Precautions or Contraindications:

Referring Health Practitioner Information: Referral date: _____

Print name: _____ Signature: _____ Designation: _____

Address: _____

Telephone: _____ Fax: _____

Will you continue to monitor this patient while she attends the group? yes no

Please provide the following information regarding the Family Physician or other Referring Physician (if applicable):

Physician name: _____ Telephone: _____ Billing #: _____

Return completed Referral Form to: MBCT Group, Mental Health in Medicine, Women's College Hospital
7th Floor, 76 Grenville Street, Toronto, Ontario, M5S 1B2 or Fax: 416-323-6356

For further information see: www.womenscollegehospital.ca/mbct or contact Julie Giroux at 416-323-6400 ext. 4052