**Cognitive Behaviour Therapy Group for Depression/Anxiety**

**General Psychiatry Program**

**Referral Form**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WCH Chart #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis and Co-morbidities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Treatment Plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precautions/contraindications (please see exclusionary criteria on the next page):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be following this patient while they are in the group? (Please note patients must have a regular treating physician to follow them during the duration of group; this could be a WCH or community psychiatrist or family doctor)

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Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family doctor or additional health practitioner involved (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A referral from a physician is required.**

**Please send your referral via EPIC or via fax 416-323-6356,**

**or place the referral in the “Internal Referrals” yellow folder in the chart room.**

**Questions - please contact Hannah Nguyen:**

[**hannah.nguyen@wchospital.ca**](mailto:hannah.nguyen@wchospital.ca) **or (416) 323-6400 ext. 4154**

**Cognitive Behaviour Therapy Group for Depression/Anxiety**

**General Psychiatry Program**

**Information Sheet**

**Facilitators:** Hannah Nguyen RP MEd, Dr. Deanna Bruno MD FRCPC, Leslie Molnar MSW RSW

**This group service is open to patients from all WCH mental health programs (WMHP) with priority given to General Psychiatry patients. A referral from a physician is required. Please note that this group is currently offered in a virtual format only.**

**Purpose of Group:** To decrease symptoms of anxiety and/or depression for clients. To offer clients the opportunity to learn and practice behavior changes in a safe and supportive environment.

**Overall Goals and Objectives for participants:** To increase self-awareness of the interplay of thought, mood, and behavior. To provide opportunities to practice and develop cognitive and behavioral tools in a supportive group setting.

**Referral Tips:**

* Please help us manage your client's expectations by sharing that a referral to the CBT group does not guarantee a place in the group. It is an opportunity for us to assess the client's readiness and fit for group to ensure a successful experience for them.
* Clients with a history of trauma need to have had a previous trauma informed therapy experience. If you feel that your client has a solid foundation and care strategy in place, please do not hesitate to refer them.
* Additionally, for those individuals who identify with having a substance use issue, it is important that they have a relapse prevention strategy in place before participating in the group. Active drug/alcohol use is not recommended and often impedes a person’s ability to fully benefit from the experience.
* Please note that clients must be current WMHP clients.
* While in group, clients must have a regular treating physician to follow them. This could be a WCH or community psychiatrist or family doctor.
* For clients followed by WCH therapists, we require that your client have follow up with their psychiatrist or family physician while they wait for intake/group to start and for the duration of the group.
* The referral must include information about current or resolving mood and/or anxiety disorder(s).

**Exclusionary Criteria:**

* Active suicidal ideation, and/or has attempted suicide in the past 6 months
* High risk to themselves, risk to others, or at significant risk of self-neglect
* Self-harming as the primary concern
* Acute symptoms of post-traumatic stress disorder with impaired coping skills
* Problematic affect dysregulation with impaired coping skills
* Problematic substance use without care strategy and relapse prevention in place
* Unstable bipolar disorder
* Active psychosis
* Severe/complex personality disorders
* Severe eating disorder

**Group Schedule:** Running virtually, Tuesdays: 1 – 2:45 PM for 8 weeks. Clients will not be charged a fee. No reimbursement for travel or other expenses.

**Questions - please contact Hannah Nguyen:**

[**hannah.nguyen@wchospital.ca**](mailto:hannah.nguyen@wchospital.ca) **or (416) 323-6400 ext. 4154**