



## Creating community-based self-help strategies to improve mental health for all

For individuals 15 and older experiencing anxiety and/or mild to moderate depression (PHQ-9 score is 21 or lower), community coaches provide telephone delivery of a brief, workbook-based, self-help program to improve mental health.

### Patient information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Mobile  
(MM/DD/YYYY)

Easiest way to contact:

Email  Phone  Text

Address: \_\_\_\_\_ City: \_\_\_\_\_

Can a confidential message  Yes  
be left at this number?  No

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

### Referring Primary Care Practitioner Name and Contact Information

#### Parent/guardian contact information (for adolescent patients ages 15–18 only)

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 1. Please confirm that the patient:

- Is not severely depressed / PHQ-9 score is 21 or lower
- Is not at risk to harm self or others
- Is not significantly misusing alcohol or drugs
- (Patient 19+) does not have a personality disorder
- Has not had manic episodes or psychosis within the past 6 months
- Is capable of engaging with and concentrating on the materials
- (Adolescent patient) has not self-harmed more than 3 times in the past month

**Please note** that the referring primary health care practitioner always retains clinical responsibility for the patient, which may include assessing suicide risk and ensuring that appropriate follow-up and treatments are provided.

#### 2. Please include the patient's PHQ-9 score:

PHQ-9  
score: \_\_\_\_\_

#### 3. Please indicate the patient's preferred language for telephone coaching:

\_\_\_\_\_

#### 4. Is the patient receiving medication for:

Depression?  Yes  No

Anxiety?  Yes  No

#### 5. Is this referral being made as part of the

'Rx for Health' Program?  Yes  No

Please transmit referral information to your local Bounce Back<sup>®</sup> team: