

**SECONDARY SCHOOL COUNSELLOR  
REFERRAL FORM**

www.bouncebackbc.ca • 1-866-639-0522

**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.

**Participant information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_  
(MM/DD/YYYY)

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

Phone: \_\_\_\_\_  Home  Mobile

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

Email \_\_\_\_\_

**Referring School Counsellor  
Contact Information**

School name: \_\_\_\_\_  
\_\_\_\_\_

Counsellor name: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Parent/guardian contact information** (for adolescents ages 15–18)

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

Relationship: \_\_\_\_\_

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

**1. Please confirm that the participant:**

- Is not severely depressed / PHQ-9 score is 21 or lower (PHQ-9 assessment available on page 2)
- Is not at risk to harm self or others
- Is not significantly misusing alcohol or drugs
- Has not had manic episodes or psychosis within the past 6 months
- Is capable of engaging with and concentrating on the materials
- (Adolescent participant) has not self-harmed more than 3 times in the past month

**Please note** that the referring counsellor 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 participant's PHQ-9 score:**

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

**3. Please indicate the participant's preferred language for telephone coaching:**

\_\_\_\_\_

**4. Is the participant receiving medication for:**

Depression?  Yes  No

Anxiety?  Yes  No

Please submit referral by email to [bounceback@cmha.bc.ca](mailto:bounceback@cmha.bc.ca)

**SECONDARY SCHOOL COUNSELLOR  
REFERRAL FORM**

**PHQ-9 - Please ask the patient the following:**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Trouble falling or staying asleep, or sleeping too much	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Feeling tired or having little energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Poor appetite or overeating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Moving or speaking so slowly that others notice? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
_____ + _____ + _____ + _____ <b>= total score: _____</b>				

**If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all    
  Somewhat difficult    
  Very difficult    
  Extremely difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Please submit referral by email to [bounceback@cmha.bc.ca](mailto:bounceback@cmha.bc.ca)