



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

BounceBack[®] is a free program for individuals aged 15 years and over 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: _____ Gender: _____

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

Address: _____ City: _____

Postal code: _____ Email: _____

Easiest way to contact:

Email Phone

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

Referrer Contact Information

Name of clinic/school: _____

Referrer name: _____

Physician Nurse Practitioner
 Psychiatrist
 Secondary School Counsellor

Address: _____

Phone: _____

Fax: _____

Email: _____

Please note that the referring 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.

Parent/guardian contact information (for adolescents age 15-18 only)

Name: _____

Relationship: _____

Email: _____ Phone: _____

1. Please confirm that the participant:

- 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

2. 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 transmit referral information to your local Bounce Back[®] team:

Please include the PHQ-9 total score to the first page. You do not need to submit this page with your referral. To determine the PHQ-9 please ask the participant 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"/>
_____ + _____ + _____ + _____ = total score: _____				

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 transmit referral information to your local Bounce Back[®] team:

Regional BB Fax Numbers • Okanagan: 1-250-549-8446 • Thompson-Cariboo: 1-250-374-1293 • Kootenays-Boundary: 1-250-417-2895
Northern Health: 1-250-562-3569 • Vancouver Island: 1-877-748-2606 • Fraser Health and Vancouver Coastal: 1-604-872-5934