BounceBack® reclaim your health

Practitioner Referral Form

Canadian Mental Health Association British Columbia
Mental health for all

Provincial Health Services Authority
Province-wide solutions. Better health.

www.bouncebackbc.ca | 1-866-639-0522
bounceback@cmha.bc.ca

IMPORTANT NOTE: All fields must be completed to process the referral.
The participant will be contacted within 5–10 business days of receiving the referral form.

BounceBack® is a free program for individuals aged 13 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: _____ (MM/DD/YYYY) Phone: _____ ❑ Home ❑ Mobile

Address: _____ City: _____

Postal code: _____ Email: _____

Best way to contact participant: ❑ Email ❑ Phone

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

Parent/guardian contact information *(for adolescents age 13–18 only)*

Name: _____

Relationship: _____

Email: _____ Phone: _____

Primary Care Provider

Name of clinic/school: _____

Referrer name: _____

❑ Physician ❑ Nurse Practitioner
❑ Psychiatrist
❑ School Counsellor

Address: _____

Phone: _____

Fax: _____

Email: _____

Please note that the referring care practitioner always retains clinical responsibility for the participant, which may include assessing suicide risk and ensuring that appropriate follow-up and treatments are provided. The referring care practitioner is also responsible for informing the patient if they are ineligible for the program.

1. Please confirm that the participant:

- ❑ 13 years of age or older, currently living in BC
- ❑ Primary care provider listed accepts clinical responsibility for the participant during the program (physician, nurse practitioner, psychiatrist and school counsellor)
- ❑ Is not significantly depressed / PHQ-9 score is 21 or lower
- ❑ Is not at risk to harming self or others
- ❑ Is not significantly misusing alcohol or drugs to the extent that would impact engagement in CBT treatment
- ❑ (If aged 19+) Is not diagnosed with a personality disorder
- ❑ Has not had manic episode or psychosis in last 6 months
- ❑ Is capable of engaging with and concentrating on workbook materials
- ❑ (If aged 13-18) Has not self-harmed more than 3 times in the past month

2. Participant's PHQ-9 score:

PHQ-9 score: _____

3. Is the participant receiving medication for:

❑ Depression ❑ Anxiety

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

❑ English ❑ French ❑ Mandarin
❑ Cantonese ❑ Punjabi

Please transmit referral information to your local Bounce Back® team:

RegionalFax Numbers • **Okanagan:** 1-250-374-1293 • **Northern Health:** 1-250-562-3569 • **Vancouver Island:** 1-877-748-2606 • **Fraser Health and Vancouver Coastal:** 1-604-872-5934

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Please include the PHQ-9 total score on 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 ☐	1 ☐	2 ☐	3 ☐
2. Trouble falling or staying asleep, or sleeping too much	0 ☐	1 ☐	2 ☐	3 ☐
3. Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
4. Feeling tired or having little energy	0 ☐	1 ☐	2 ☐	3 ☐
5. Poor appetite or overeating	0 ☐	1 ☐	2 ☐	3 ☐
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 ☐	1 ☐	2 ☐	3 ☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 ☐	1 ☐	2 ☐	3 ☐
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 ☐	1 ☐	2 ☐	3 ☐
9. Thoughts that you would be better off dead or of hurting yourself in some way	0 ☐	1 ☐	2 ☐	3 ☐

_____ + _____ + _____ + _____

= 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

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