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Practitioner Referral Form

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

•	community c	• • •	•			ion (PHQ-9 range workbook-based,		· ·
Patient Name:								
Telephone:						Messages OK?	Yes	No
Date of Birth:								
Please confirm th	nat the patier	nt:						
lace Is <u>not</u> severely depressed / has a PHQ-9 score of 19 <u>or less</u>								
Is <u>not</u> at risk to harm self or others								
□ Is <u>not</u> cognitively impaired								
Is <u>not</u> misusing alcohol or drugs								
\Box Does <u>not</u> have a personality disorder								
lacksquare Does <u>not</u> have a history of bipolar disorder or psychosis								
Please note that the referring primary health care practitioner always retains professional responsibility for the patient.								
						Was the patient given a copy of (or a the Bounce Back DVD?		
PHQ-9 Score					the bou	ICE BACK DVD?	Yes	No
Is the patient receiving medication for:								
Depression?	Yes	No						
Anxiety?	Yes	No						
Please indicate the patient's preferred language for telephone coaching:								
English French Cantonese Punjabi								
Is this referral being made as part of the 'Rx for Health' Program? Yes No								
Referring Prima Name and Cont					ransmit re unce Bacl	ferral information t k team:	to your	BB E-Reterral Form Blank (2014-10-16)