

## Recovery in Action (RIA) Referral Form

The RIA Program is a 5-week support group for adults living with schizophrenia and psychosis that are ready to make changes in their recovery by applying Cognitive Behavioral Therapy (CBT) skills.

**Please note that an incomplete form will not be processed.**

CLIENT INFORMATION		
Name of Client	Date of Birth	Diagnosis
Address	Telephone Number  Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
<b>Is the client demonstrating any safety concerns or risk factors?</b> <input type="checkbox"/> Frequent Hospitalizations <input type="checkbox"/> History of Violence <input type="checkbox"/> Legal Challenges <input type="checkbox"/> Suicidal <input type="checkbox"/> Self-Harm <input type="checkbox"/> Substance Use <input type="checkbox"/> Other:		<b>Is the client taking medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Does the client have a current CTO?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral		

REFERRAL INFORMATION		
Name of Clinician	Title Role	Referring Organization/Hospital
Clinician's Telephone Number with <b>Extension</b> and/or Email		
<b>Has the client given permission for this referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will you continue to monitor this client while they attend the RIA Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please return completed Referral Form by fax at 416 449-8434, or e-mail to [support@iamentalhealth.ca](mailto:support@iamentalhealth.ca)