



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
Is the client demonstrating any safety concerns or risk factors? <input type="radio"/> Frequent Hospitalizations <input type="radio"/> History of Violence <input type="radio"/> Legal Challenges <input type="radio"/> Suicidal <input type="radio"/> Self-Harm <input type="radio"/> Substance Use <input type="radio"/> Other:		Is the client taking medication? <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 Extension and/or Email		
Has the client given permission for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you continue to monitor this client while they attend the RIA Program? <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