

PATIENT & FAMILY COLLABORATIVE SUPPORT SERVICES REFERRAL

PLACE PATIENT ID
LABEL HERE

 **Initial all relevant boxes and entries.**

Date Format: yyyy/mm/dd Time Format: hh:mm

Date of referral:	Time:
Name:	Legal Name:
<input type="checkbox"/> Inpatient <input type="checkbox"/> Other <input type="checkbox"/> Outpatient Unit:	Address:
Phone #: Additional phone #: Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency contact:
Gender: How do you identify?	How are you identified on health card: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> "X" Gender Neutral
DOB:	Family Physician:
H/C #:	E-mail:
Have you had any services at St. Joseph's before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which service are you requesting? <input type="checkbox"/> Family Peer Support <input type="checkbox"/> Peer Support <input type="checkbox"/> Group (see descriptions on back): _____	
Self-referral: <input type="checkbox"/> Yes <input type="checkbox"/> No If not a self-referral: Referred by: _____	
What are you hoping to get from this service? _____ _____ _____ _____ _____	

DEPARTMENT USE ONLY	
Declined service: <input type="checkbox"/>	Accepted service: <input type="checkbox"/>
Matched to: _____	Date of match: _____
Reviewed/Completed by: _____	

Printed Name: _____ Signature: _____ Discipline: _____ Initials: _____

Printed Name: _____ Signature: _____ Discipline: _____ Initials: _____

Service	Description
Peer Support 1-1	<ul style="list-style-type: none"> Individuals are matched with a peer support provider to receive one-to-one Peer Support. This occurs through role-modeling, listening, problem solving and facilitating access to other peer driven services. Our goal is to provide the best individualized support which meets the needs of our peers.
Family Support 1-1	<ul style="list-style-type: none"> Family members/caregivers of individuals who are receiving services in the Mental Health and Addiction Program can meet independently with our Family Liaison Peer Support Provider Drawing on lived experience as a family member, the Family Liaison can discuss family needs and help access essential resources.

Groups	Description
Wellness Recovery Action Plan (WRAP)	<p>WRAP is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be.</p> <ul style="list-style-type: none"> WRAP is an 8-week long peer-led group for people who have mental health concerns. It is focused around recovery concepts such as hope, personal responsibility, education, self-advocacy and support.
Skills for Safer Living (SfSL)	<p>An educational peer group that focuses on reducing risk factors for suicide-related behaviours.</p> <ul style="list-style-type: none"> Attempt-survivor group: a 20-week intervention for adults who have attempted suicide at least once. Ideation group: a 10-week intervention for adults who have frequent thoughts of ending their life and have not yet attempted.

****Drop-in groups do not require a referral****

<p>Process of Referral, Matching and Group start.</p> <ul style="list-style-type: none"> Individuals can be referred or self-refer to the Patient and Family Collaborative Support Services by phone or in-person. Once a referral form is complete a peer support provider will contact the individual being referred to confirm their interest and goals for receiving peer support and/or participating in group. Matching for 1-1 peer support may involve a short waiting period. Individuals will be offered drop-in group support; individual drop in and/or call in support while waiting to be matched. Family 1-1 support is offered at the next available appointment.

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