

For individuals 14 and older experiencing anxiety and/or mild to moderate depression (PHQ-9 score 21 or lower), community coaches provide telephone delivery of a brief, workbook-based, self-help program to improve mental health.

Participant information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_  
 (MM/DD/YYYY)

Address: \_\_\_\_\_

MOA: Please apply patient address label or print legibly

Referring Health and Social Services Professional Name and Contact Information

Service user's preferred method of contact (select and provide contact information)

Home phone \_\_\_\_\_  Cell phone \_\_\_\_\_

Messages OK?  Yes  No

Email \_\_\_\_\_

Parent/guardian contact information (for adolescent ages 14-17 only)

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please confirm that the service user:

- Is not severely depressed / PHQ-9 score 21 or lower
- Is not at risk to harm self or others
- Is not significantly misusing alcohol or drugs
- Has not had manic episodes or psychosis within the past 6 months
- Is capable of engaging with and concentrating on the materials
- (Adolescent participant) has not self-harmed more than 3 times in the past month

**Please note** that the referring primary health and social services professional always retains clinical responsibility for the participant, which may include assessing suicide risk and ensuring that appropriate follow-up and treatments are provided.

2. If available, please include the service user's PHQ-9 score:

PHQ-9 score: \_\_\_\_\_

3. Please indicate the service user's preferred language for telephone coaching:

\_\_\_\_\_

4. Is the service user receiving medication for:

Depression?  Yes  No

Anxiety?  Yes  No

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

Fax: 855-928-5233 • Email: bounceback@acsm.qc.ca