

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

For individuals 15 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.

Patient information

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

Address: _____

MOA: Please apply patient address label or print legibly

Home phone _____ Cell phone _____

Messages OK? Yes No

Email _____

Primary Care Practitioner
Name and Contact Information

Parent contact information (for adolescent patients ages 15–18 only)

Name: _____

Email: _____ Phone: _____

1. Please confirm that the patient:

- 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
- Does not have a personality disorder
- Has not had manic episodes or psychosis within the past 6 months
- Is capable of engaging with and concentrating on the materials
- (Adolescent patient) has not self-harmed more than 3 times in the past month

Please note that the referring primary health care practitioner always retains clinical responsibility for the patient, which may include assessing suicide risk and ensuring that appropriate follow-up and treatments are provided.

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

PHQ-9 score: _____

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

English French Arabic

4. Is the patient receiving medication for:

Depression? Yes No
Anxiety? Yes No

Please send referral information to your local BounceBack® team:

• Fax: (506) 459-3878 • E-mail: BounceBackNB@cmhanb-acsmnb.ca