

## Art Program

- ⇒ Enables participants to discover and explore their creativity in the visual arts.
- ⇒ Offers multi-level art experiences with instruction in introductory and advanced classes.
- ⇒ Offers instruction in various forms of creative media.
- ⇒ Class times vary depending on class(s) selected.

## Best of Me

- ⇒ Teaches healthy living options and daily living skills.
- ⇒ Participants choose focus of: nutrition, cooking, money management and budgeting.
- ⇒ 12 week program - schedule developed with instructor/participant.

## Connections

- ⇒ Activity based learning that promotes mental and physical health.
- ⇒ Learning focuses on:
  - Healthy lifestyles and daily living skills
  - Therapeutic arts and creative expression
  - Development of social networks and leisure interests
- ⇒ 6 month program - Monday, Tuesday & Wednesdays. Morning Program - 9:00 a.m. to Noon or Afternoon Program - 1:00 p.m. to 4:00 p.m.

## Creative Arts

- ⇒ Creative Arts focuses on creative activities in a social environment.
- ⇒ Participants learn and develop skills in various arts and crafts media and have opportunities to develop connections with others through a variety of social activities.
- ⇒ 12 week program - Monday & Wednesday - 9:00 a.m. to Noon.

## Initiatives

- ⇒ Skill development to promote interpersonal growth.
- ⇒ Enables participants to manage interpersonal and life situations more effectively.
- ⇒ Skill areas include: assertiveness, stress management and self-esteem.
- ⇒ 8 week program - Monday to Thursday - 9:00 a.m. - Noon.

## Support Groups

### Mental Health Support Group (drop in)

### Reach for Recovery (drop in)

### Decluttering (Registration required)

- ⇒ Groups facilitated by staff.
- ⇒ Group members can share their thoughts and feelings about personal issues in a safe, supportive environment.
- ⇒ Call for days and times.

## Support & Recreation Services

- ⇒ This program provides a meeting place where participants can access support and direction in times of need, enjoy a variety of activities, and connecting with others.
- ⇒ Services and Activities include:
  - Support counselling, crisis intervention & resolution and referrals
  - Social and recreational activities
  - Free clothing bank for clientele
- ⇒ Centre hours: 10:00 a.m. - 5:45 p.m. 7 days/week.
- ⇒ To arrange an intake appointment call 403.266.8711.

## Volunteer Program

- ⇒ A variety of meaningful volunteer opportunities.
- ⇒ Skill development in a safe, supportive setting.
- ⇒ Volunteer orientation, training, supervision and support is provided.
- ⇒ For more information, contact the Volunteer Co-ordinator at 403.266.8711.



**PROGRAM REFERRAL FORM**

1019 - 7th Avenue S.W. Calgary, AB T2P 1A8  
Phone: 403.266.8711 Fax: 403.266.2478

Referral Date: \_\_\_\_\_

Please indicate program choice and rank in order of preference 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

\_\_\_\_\_ **Art Program**

\_\_\_\_\_ **Support & Recreation Services**

\_\_\_\_\_ **Best of Me**

\_\_\_\_\_ **Volunteer Program**

\_\_\_\_\_ **Cooking** \_\_\_\_\_ **Budgeting**

\_\_\_\_\_ **Connections – AM**

**Support Groups:**

\_\_\_\_\_ **Connections – PM**

\_\_\_\_\_ **Mental Health**

\_\_\_\_\_ **Creative Arts**

\_\_\_\_\_ **Decluttering**

\_\_\_\_\_ **Initiatives**

\_\_\_\_\_ **Reach for Recovery**

Name: \_\_\_\_\_  
First Surname Middle

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
(YYYY/MM/DD)

Income: \_\_\_\_\_ **AISH** \_\_\_\_\_ **Old Age/CPP** \_\_\_\_\_ **No Funds**  
\_\_\_\_\_ **Alberta Works** \_\_\_\_\_ **Own Funds** \_\_\_\_\_ **Other**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Referral Source: \_\_\_\_\_

Referring Worker: \_\_\_\_\_  
Name Phone Number

Reason for Referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH DIAGNOSIS:**

Depression       Personality Disorder       Obsessive Compulsive Disorder  
 Anxiety       Bipolar Disorder       Substance Related Disorder  
 Schizophrenia       Intellectual Disability       Other (specify) \_\_\_\_\_

**MENTAL HEALTH/MEDICAL:**

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Psychiatrist: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Past Psychiatrist: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mental Health Treatment Summary (past hospital admissions, mental health follow-up, counselling). List most recent treatment first.

DATE	LOCATION	PSYCHIATRIST/WORKER	REASON

**MENTAL HEALTH FOLLOW UP:**

Hospital       Psychiatrist       MH Clinics  
 Community Agency       Physician       No follow-up  
 Unknown       Other (specify) \_\_\_\_\_

**MEDICATIONS:**

**DOSAGE:**


Other medical conditions (Epilepsy, Diabetes, heart, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Service Involvement (day hospital, special housing, alcohol/drug treatment, justice system, counselling, other)

PROGRAM NAME	CURRENT	PAST	CONTACT PERSON

**IDENTIFIED NEEDS:**

*Please check the area(s) in which the applicant requires support/services:*

**Primary (choose one)**

- Mental Health**
- Addictions**

Additional

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Abuse             | <input type="checkbox"/> Interpersonal    | <input type="checkbox"/> Skill Dev./Educational |
| <input type="checkbox"/> Addictions        | <input type="checkbox"/> Learning         | <input type="checkbox"/> Volunteer work         |
| <input type="checkbox"/> Behavioural       | <input type="checkbox"/> Legal            | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Financial         | <input type="checkbox"/> Leisure Activity | _____   |
| <input type="checkbox"/> Healthy Lifestyle | <input type="checkbox"/> Medical/Health   | _____   |
| <input type="checkbox"/> Housing           | <input type="checkbox"/> Mental Health    | _____   |

Comments on identified needs:

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Applicant Signature: \_\_\_\_\_

Referring Worker:

This will confirm that I have a Release of Information to provide information to Elements Calgary Mental Health Centre.

Signed \_\_\_\_\_

Date \_\_\_\_\_