COCOON
MENTAL HEALTH CLINIC
For Youth and Adults

Date: _____

Thank you for considering Cocoon Mental Health Clinic.

Cocoon Mental Health Clinic is not a crisis service. If you or someone you know is currently experiencing a mental health crisis, please call the Klinic Crisis Line (24/7) at (204) 786-8686 or Toll Free: 1-888-322-3019.

REFERRAL:

Surname: _____ First Name: _____

Given Name (if different): _____ Date of Birth (MM/DD/YYYY): _____ Age: _____

Gender: _____ Pronouns (check all that apply): ☐ He/Him ☐ She/Her ☐ They/Them

Address: _____ City/Town: _____

Phone: _____ Email: _____

Is the client an Indigenous person of Canada? ☐ Y ☐ N Treaty Number: _____

Is the client new to Canada? ☐ Y ☐ N Year of Arrival: _____ Country of Origin: _____

UNDER 18/YOUTH?

Parent's Name: _____ Phone: _____

Guardian (if different): _____ Phone: _____

School: _____ Grade: _____

I AM A:

☐ Potential Patient ☐ Parent ☐ Guardian

☐ Primary Care Provider: _____
Clinic Name: _____
Phone: _____

☐ School Team Member _____
School Division: _____ Phone: _____
Role: _____

☐ Child and Family Services Worker:
Agency: _____
Phone: _____

☐ Community Care Provider: _____
Organization: _____
Phone: _____

_____ _____
Date: Signature of person completing referral

_____ _____
Date: Signature of referred client

_____ _____
Date: Signature of referred youth's parent or guardian

Please indicate if consent was obtained verbally.

Email completed documentation to referral@cocoonclinic.ca or fax to 204-942-1628. By signing and submitting this document the client acknowledges and understands the $150+tax per hour fee, and has a plan for payment.

WHAT TO EXPECT:

Please expect a call from a representative within two business days.

We will try our very best to initiate our Mental Health Nursing Needs Assessment within two weeks.

Do not hesitate to call 204-942-0093 with any questions.

The following is not essential prior to the first appointment, but will help guide us in the creation of the client's tailored care plan. Any information you can provide is appreciated.

This is what I'm looking for from this referral (check all that apply):

- ☐ Mental Health Nursing Needs Assessment
- ☐ Tailored system navigation
- ☐ Care planning and help managing symptoms across environments
- ☐ Transition and bridging to other services
- ☐ Ongoing follow-up and case management
- ☐ Medication review
- ☐ Psychoeducation
- ☐ Support with schooling/academics
- ☐ Supportive and empathic connection
- ☐ Other _____

Reason for the referral including desired goals:

The client has acquired this/these mental health diagnoses:

Known co-occurring substance use:

Medication names and dosages currently being taken:

Service providers involved at present:

Successful interventions:

Unsuccessful/unhelpful interventions:

Quick snapshot of school attendance and performance:

Cocoon Mental Health Clinic services are presently fee-for-service at $150 per hour. Please expect 1-3 sessions to complete a Mental Health Nursing Needs Assessment. We will then make recommendations which are tailored to the client.

Many insurance plans include counselling or other mental health services as part of extended health benefits. We do not provide direct billing. Please check with your insurance provider in advance regarding the best way to claim our services.

We are also recognized as FNIHB providers. If you have a treaty number, our services are covered up to 22 sessions. Please provide your treaty number on the first page.