



REFERRAL FORM

Primary care providers: **Complete all 3 parts of this 2-page form so your patient can receive service.**

Send the form: by **fax** (250-472-6762), **secure upload online** ([click here](#)) or **email** (hello@crdperinatal.ca).

For more info, call our Intake Manager at 250-885-6760, or visit www.crdperinatal.ca.

[> click here to download a blank form <](#)

1. PATIENT INFO (complete every line and the box below)

Date of Referral: _____

Name: _____

Address: _____

Patient's DOB: _____

Baby's DOB or Due Date: _____

Patient's Cell Phone: _____

Patient's email: _____

Reason for Referral / Urgency / History (so patient receives appropriate, timely service)

2. PROGRAM ELIGIBILITY* Check applicable boxes in either section A or B to confirm that all program eligibility requirements are met. Otherwise, check the box in section C to refer a patient for private counselling.

A: Perinatal Counselling The patient:

- is experiencing at least one of the following: depression; anxiety disorder; **or** adjustment disorder
- lives in the Capital Regional District
- is in their perinatal period (pregnant to 9 months postpartum)
- has NOT received counselling for this pregnancy or birth **AND** does NOT have extended health insurance
- seeks counselling and has agreed to the referral

B: Perinatal Grief Counselling The patient:

- experienced a perinatal loss in past 9 months due to one of the following:
 - still birth; infant loss; late-term miscarriage **or** a miscarriage after multiple miscarriages *
- lives in the Capital Regional District
- has NOT received counselling for this loss **AND** does NOT have extended health insurance available
- seeks counselling and has agreed to the referral

C. Private Referral Option (eligibility is not fully met in A or B):

- This is a referral for PRIVATE counselling and NOT for counselling funded by the perinatal program.

* The Program does not provide counselling on decisions respecting unplanned pregnancies or complex pregnancies.



CRD PERINATAL COUNSELLING PROGRAM

Operated by McGee Therapy & Consulting Inc. and sustained by local charitable dollars

Phone: (250) 885-6760 (leave voice mail)

Fax: (250) 472-6762

Email: hello@crdperinatal.ca

Web: www.crdperinatal.ca

3. REFERRAL INFO: Primary Care Practitioner (complete every line)

Name: _____

Check One:

- Physician Nurse Practitioner Naturopath
 Psychiatrist Public Health Nurse Midwife

Clinic, Practice or Agency: _____

Email and/or Phone: _____

Additional info (optional):

About the CRD Perinatal Counselling Program

The CRD Perinatal Counselling Program is a private mental health program that delivers funded counselling to eligible new and expecting parents in the Greater Victoria area. The Program is privately operated with thanks to the charitable dollars generously provided by local donors, and to the supportive governance of the Westshore Primary Care Society. The services we provide allow mothers and parents to access counselling when needed and beneficial in the formative perinatal period, and when resources are not otherwise available for counselling.

Q&As

Who can refer a patient to the program? Physicians, midwives, naturopaths, nurse practitioners, psychiatrists, and public health nurses. Clients cannot self-refer.

Who can be referred? A parent can be referred for funded perinatal counselling when they meet all criteria in Part A or B of the "Program Eligibility" section. Other parents can be referred for private counselling that the client pays for. In such cases, check the "Private Referral Option" in Part C, or your patient can find a private counsellor that they choose.

Who should NOT be referred to the program?

- A person who does not meet all "Program Eligibility" criteria (either section A or B)
- A person with low motivation or desire to improve their mental health condition through counselling
- A person who mostly needs a service that the Program does not provide (see the next list).

What services are NOT provided by the program?

- Treatment for "postpartum blues" which is widely experienced and typically resolves without professional help.
- Emergency mental health services for severe conditions like postpartum psychosis.
- Counselling on decisions respecting an unplanned pregnancy or a complex pregnancy.

Is this form required to make a referral? Essentially yes. If we do not get the info requested on the form, we cannot confirm a person's eligibility or we cannot telephone the person to book an appointment and email a confirmation.

What happens after the referral form is sent? Our Intake Manager will confirm eligibility, contact the patient by phone, and book a counselling session. The person's first counselling session will include an assessment of the need for follow-up counselling and whether additional funded sessions will be provided by the program.

Where can my patient and I get more information about the program?

- Online www.crdperinatal.ca or call program intake at (250) 885-6760.