

## 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

### Patient's preferred method of contact (select and provide contact information)

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

### 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.ca