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| Crocus Co-operative Referral Form *Building Mental Health* |

#  Referral Guidelines

In order to become a member of Crocus Co-operative you must:

1. Be 18 years of age or older.
2. Have a diagnosed mental illness.
3. Provide proof of diagnosis from a health professional.
4. Complete an intake with a Crocus staff member.
5. Pay a $1.00 lifetime membership fee.

# Member Information

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| Name: |  |
| Health Card #: |  |
| Diagnosis: |  |

# Health Professional Information

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| --- | --- |
| Name: |  |
| Place of work: |  |
| Telephone: |  |
| Signature: |   |
| Date: |  |

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| Are there any concerns that we should be aware of: |
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**PLEASE RETURN REFERRAL FORM BY FAX, EMAIL OR IN PERSON**

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