

# 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

Name: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

## Health Professional Information

Name: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Are there any concerns that we should be aware of:

**PLEASE RETURN REFERRAL FORM BY FAX or EMAIL**

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