

# 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 #: \_\_\_\_\_

Contact Info: \_\_\_\_\_

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**