

Creative Works Studio Referral Form

Creative Works Studio provides members of the community who are dealing with mental health and/or related medical issues (i.e. HIV/AIDS, substance abuse and addictions) with:

- 1) Support and skill training in the area of visual and community arts.
- 2) Development and strengthening of skills to build self-esteem.
- 3) Opportunity to discover artistic abilities and to market items.

Submitting Referral Form

Please submit referral forms to Creative Works Studio

One of the following ways:

- 1) With attention to Bernadette Wycks or Tasia Sourasis by mail:

Creative Works Studio, 793 Gerrard St. East, Toronto, ON M4M 1Y6

- 2) Send by email to Bernadette Wycks BWycks@gsch.ca or Tasia Sourasis TSourasis@gsch.ca

Client Contact Information:

Name: _____

Address: _____

Postal Code: _____

Phone No. _____ Cellular: _____

Email: _____

Date of Birth: _____

Diagnosis: _____

Client's Emergency Contact: _____

Emergency Contact Phone #: _____

Relationship: _____

Client referral information:

Date of Referral: _____

Referred by (Name and Organization/Program): _____

Client's Psychiatrist: _____

Client Caseworker: _____

Other Care Professional: _____

Reason for Referral: _____

Previous participation in OT groups: Yes / No If yes, please list:
