

INNER CITY AND MENTAL HEALTH PROGRAMS
ST. MICHAEL'S HOSPITAL

Creative Works Studio Referral Form

Creative Works Studio provides members of the Inner City 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.
4. Prevocational support and potential mentorship opportunities in the arts available for clients upon request.

Submitting Referral Form

Referral forms are submitted to Creative Works Studio's Creative Lead and Occupational Therapist, Isabel Fryszberg OTReg. (ONT.) B.Sc. **Please complete form, and include patients' admission and discharge summary along with your submission.** Please send in one of the following ways:

- 1) With attention to Isabel Fryszberg, send by mail to Creative Works Studio, 793 Gerrard St. East, Toronto, ON M4M 1Y5
- 2) Send by email to Isabel Fryszberg at cws@smh.ca.

*Sections marked with * are mandatory.*

Client Contact Information: *Name: _____

*Address: _____ *Postal Code: _____

*Phone No. _____ Cellular: _____ Email: _____

*Date of Birth: _____

Chart #/Client I.D. (*Mandatory if referral is coming from St. Michael's Hospital): _____

Diagnosis: _____ Medication: _____

Client's Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

Client referral information: *Date of Referral: _____

*Referred by (Name and Organization/Program): _____

Client's Psychiatrist: _____ Client Caseworker: _____

Other Care Professional: _____ *Reason for Referral: _____

Other community supports/programs: _____ Client Education: _____

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