Your Recovery Journey

Registration Form

Personal information

Last name: First name:

Address:

Phone: W: H: Cell:

Can we leave a message?: ○ Yes ○ No

E-mail:

➜ Please tell us a bit about what interests you in taking part in the program?

➜ Are there specific topics that you would like to see addressed during the program?

➜ The program is designed to offer an opportunity for growth and support for any individual who experiences mental illness, regardless of their diagnosis. In order to ensure that we have relevant information and resources available, it would help us to know if you have been given a specific diagnosis or diagnoses.

How did you hear about the program? (check all that apply)

○ Newsletter
○ Website – Which organization?
○ Poster
○ Someone I know (e.g. friend, family member)
○ Other (specify):
○ Referral by a family doctor
○ Referral by psychiatrist
○ Referral by hospital
○ Referral by other service provider
○ Media (newspaper, radio, TV)