



Fitzroy Centre Recovery Program New/Returning Members Application

Please email or drop off application forms at 170 Fitzroy St, Charlottetown PE, C1A 1S1

Email: c.olscamp@cmha.pe.ca Phone: 902-566-5111 ext:222

Referral Date: _____

At Fitzroy Centre, we believe recovery from serious and persistent mental illness is possible when individuals are part of a supportive community that offers hope, respect, and growth. Fitzroy is a recovery centre for those living with a primary diagnosis of mental illness such as Schizophrenia, Bipolar Disorder, Depression and Anxiety.

Legal Name:	Gender:
Preferred Name:	Pronouns:
Address:	DOB:
City:	Email:
Postal Code:	Phone #:
Preferred method of contact: Email Phone	Alternative #:
Emergency Contact Name:	Emergency Contact #:

Why would you like to become a member of Fitzroy Centre Recovery Program? (select all that apply)

Daily Activities	Employment	Education	Other:
Health & Wellness	Socialization	Housing	

Psychiatric History & Pertinent Medical Information

Primary Mental Illness Diagnosis: _____

Other Diagnosis: _____

Medical/Community Supports

Primary Worker:	Phone #:	Agency:
Family Physician:	Phone #:	Agency:
Psychiatrist:	Phone #:	Agency:

REFERRAL SOURCE: (such as doctor, support worker, community, friend, family, self, etc.)

Name: _____ Phone #: _____

Agency: _____ Relationship: _____

How did you hear about Fitzroy Centre? _____

