



145 Traynor St  
Riverview NB E1B 3B1  
Phone: (506) 857-0014  
Fax: 1 (888) 757-3597

## **Welcome to the M.I.N.D. Program**

### ***Moving In New Directions at Ergon Life Centre***

**If life feels heavy, you're not alone — and we're so glad you found us.**

**The MIND Program is a free, welcoming space for adults (19+) living with negative mental health such as stress, anxiety, depression, burnout, or isolation. No diagnosis is required — just a desire for support and connection.**

#### **What We Offer**

- **Creative & wellness-based activities**  
(art, games, diamond painting, gardening, and more)
- **Life skills & mental health workshops**  
(confidence, boundaries, coping skills, self-care)
- **Optional 1-on-1 support check-ins**
- **A supportive community where you can connect with others who “get it”**

#### **How to Join**

##### **1. Fill out a Self-Referral Form**

- **Tell us what you're going through and what support might help.**
- **It doesn't need to be perfect — just honest.**
- **Need help? We'll walk you through it.**

##### **2. Return Your Form**

- **In Person: 145 Traynor St, Riverview (inside Ergon Thrift)**
- **Email: [hello@ergoninc.ca](mailto:hello@ergoninc.ca) | [cory@ergoninc.ca](mailto:cory@ergoninc.ca)**
- **Fax: 1-888-757-3597**

##### **3. What Happens Next**

- **We'll review your form**
- **If it's a fit, we'll call to book a short intake (about 30 minutes)**
- **You'll get a tour, meet the team, and explore what feels right for you**

## **Location & Contact**

**506-857-0014**  
**[hello@ergoninc.ca](mailto:hello@ergoninc.ca)**  
**145 Traynor St, Riverview, NB (inside Ergon Thrift)**



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### **M.I.N.D Self-Referral Form**

*Please complete this 2 page form, sign and return by using one of the options on the welcome page.*

#### **YOUR INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Is it ok to leave a message? Y/N

Email: \_\_\_\_\_ Is it okay to email you here? Y/N

Which communication method do you prefer we use? Phone ☐ Email ☐

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Identifying Gender: \_\_\_\_\_

Language(s) spoken and written: ☐ English ☐ French ☐ Other \_\_\_\_\_

Highest level of education: \_\_\_\_\_

If your residence is a special care home, please provide the name of the home:

\_\_\_\_\_

Other supports (support worker, clinician, etc....):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **MEDICAL INFORMATION**

Current negative mental health experiences and/or diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

History of mental health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Changes in Mental Health (Signs things may be getting harder — e.g., withdrawing from others, changes in sleep or appetite, feeling overwhelmed, trouble focusing):

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**OTHER INFORMATION**

Is there any information that you haven't shared that you feel is important for us to know? \_\_\_\_\_

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Tell us a little about yourself, how would people describe you to a new person:

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date:

Thank you for filling out the Self-Referral form for our M.I.N.D Program. Once we have reviewed your submission, we will be in contact with you.

Any questions or inquiries you can contact us at 506-857-0014.