

# Healing Invisible Wounds

PTSD Programs, Awareness & Advocacy



226-979-2149  
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Arthur, ON N0G 1A0  
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www.missionbutterfly.ca

Today's Date \_\_\_\_\_

Military/First Responder Member's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Branch of Service \_\_\_\_\_

Status (Active, Reserve, Retired, etc.) \_\_\_\_\_

Military/First Responder Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Have you been diagnosed with PTSD? \_\_\_ YES \_\_\_ NO

Do you suffer with the symptoms of PTSD? \_\_\_ YES \_\_\_ NO

Other diagnosis? \_\_\_\_\_

Single Married Separated Divorced Caregiver

Name of individual \_\_\_\_\_

Total # of children \_\_\_\_\_ Please identify ages of those who will be attending the program.

Ages 0-5 \_\_\_\_\_ 6-12 \_\_\_\_\_ 13-15 \_\_\_\_\_ 16-18 \_\_\_\_\_ 18+ \_\_\_\_\_

What do you hope to get out of the program? \_\_\_\_\_

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How did you hear about us? If you were referred by a specific person/family or organization, please provide that name.

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Join Mission Butterfly email list \_\_\_YES \_\_\_NO

*Please note next steps.*

*Step 2* - More detailed client and consent forms along with personal reference information will be collected. If a research study is being conducted you will be contacted by a third party. Please note all information is kept in strict confidence.

*Step 3* - A series of tests will need to be completed in order to assess your present health, after which subject to approval, an interview with our Executive Health Team will follow. Once accepted to you will be notified of your program start date.

If you don't see an email from us in 48 hours, please check your "spam" or "junk" folders. Adding [mail@missionbutterfly.ca](mailto:mail@missionbutterfly.ca) and [register@missionbutterfly.ca](mailto:register@missionbutterfly.ca) to your address book might help. If not there please call us at 226-979-2149

Mission Butterfly is a federally incorporated not for profit organization committed to helping military and first responder individuals and families reconnect through therapeutic retreat programs. Please check "Yes" on the "Join the Mission Butterfly email list" question on the form above to keep current with all of our opportunities and plans. Also, be sure to contact us if your email or phone number changes.

Thank you for your service and sacrifices. We look forward to meeting you soon!

**Office Only** .....

Date Received \_\_\_\_\_

Step 2 Completed \_\_\_\_\_

Step 3 Completed \_\_\_\_\_

Program Date \_\_\_\_\_

Confirmed by Client \_\_\_\_\_