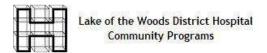


Intake Form

Choose Intake Program/s to which you	_	-	Native Heal		
Aboriginal MH - MH Adult - Ch	•			• • • • • • • • • • • • • • • • • • • •	
<pre>a ASK Adult = ASK Youth = PG Adult = PG You Client/Ref #:</pre>		IN E	n - Supportive Housing (Sub Abuse) Health Card#:		
First Name:	Middle Name:		Last Name:		
FIRST Name:	Middle Nam	me:		Last Name:	
Last name at birth:	DOB: (dd/mm/yy)			Gender: Male Female	
Address(Home Community):					
City: Postal Code:					
Home Phone #: telephone call allowed message					
Work/Other Phone #: telephone call allowed message allowed					
Current Location (if different from above):					
Emergency Contact: Emergency Phone #					
Preferred Language: English French Other (specify)					
Ethnicity: Non-Aboriginal Aborigin	Intake Worker:				
Entry Service:			Intake Worker: Referred On (date/time/duration):		
□ Crisis - Face to Face					
□ Crisis - Non-Face to Face		Referred on (date/time/duration).			
□ Intake - Face to Face		Date of first appointment: (dd/mm/yy)			
Intake - Non Face to Face					
Base Line Legal: □ Pre-Charge Diversion □ Court Diversion Program □ Awaiting Fitness Ass. □ Awaiting Trial (with/without					
Bail) 🗆 Awaiting Criminal Responsibility Ass. (NCR) 🗆 In Comm. On own Recognizance 🗅 Unfit to stand trial 🗆 Charges					
Withdrawn \square Stay of Proceedings \square Awaiting Sentence \square Not Criminally Responsible \square Conditional discharge \square Conditional					
Sentence \square Restraining order \square Peace Bond \square Suspended Sentence \square ORB detained-Comm. Access \square ORB Conditional Discharge					
□ On Parole □ On Probation □ No legal problems (includes absolute discharge & end of sentence)□ Service Recipient Declined					
External/Internal Referring Source:(please specify internal program)					
□ General Hosp. (LWDH) □ Psychiatric Hosp. □ Other Inst. □ CMH&A - ACT Team(new directions) □ CMHA- Diversion &					
Court Support \Box CMH&A(Kenora Supportive Housing) \Box CMHA-Short Term Res. Crisis Beds \Box CMH&A-Other Comm.(KACL,New					
Directions etc.) \Box Other Comm. Agencies (CDC, Legal Aid, OW) \Box GP \Box Psychiatrist \Box MH Worker (Michelle Ott) \Box CJS-Police					
□ CJS- Courts(inc. Court support & Diversion) □ CJS-Correction Facilities (jail & detention Centres) □ CJS-Probation/Parole					
□ CJS-Short Term Safe Beds □ Educational Facility □ Self □ Family/friend □ other					
Referring Contact Person: Telephone #:					
Referring Agency:				·	
Marital Status:	□ Married □	Wido	owed 🗆 Divo	rced 🗆 Separated 🗆 Common-Law	
Previous Hospitalization for me	ntal health p	prob	olem?	yes □ no □ unknown	
Hospitalization Dates & Name	•				



Intake Form

Presenting Issues:
□ Threat to others/attempted suicide □ Specific Symptom of serious mental illness □ Physical/Sexual Abuse □ Educational
□ Occupational/Employment/Vocational □ Housing □ Financial □ Legal □ Problems w/ Relationships □ Problems w/ Substance
abuse/addictions Activities of daily living other
Diagnosis: (if known) □ Concurrent □ Dual Diagnosis □ Other Chronic Illnesses and/or physical disabilities
GAMBLING SCREEN: Des
GAMBLING ACTIVITIES:
□ Have people ever criticized your gambling? □ Have you ever gambled more than you intended?
Description of Presenting Problem/s (substances used)
Non-Admission Termination Date: (dd/mm/yy)
Reason For Non-admission:
□ completion without referral □ completion with referral □ non-compliance □ suicide
□ death □ client relocated outside service area (moved away) □ client withdrew from program
□ declined service □ not eligible for service □ lost contact □other (please specify)
Admin Only
Notes:
Input By: Input Date:dd/mm/yyyy