Lake of the Woods District Hospital
Community Programs

Intake Form

Assigned Worker:_____

Choose Intake Program/s to which you are referring: □ **Native Healer(Merv)**
□ **Aboriginal MH** □ **MH Adult** □ **Challenge Club** □ **Crisis** □ **Post Custody(CaseMgt)**
□ **ASK Adult** □ **ASK Youth** □ **PG Adult** □ **PG Youth** □ **Supportive Housing (Sub Abuse)**

Client/Ref #:		**Health Card#:**
First Name:	**Middle Name:**	**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 allowed
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 □ Aboriginal □ Declined

Entry Service:
- □ Crisis - Face to Face
- □ Crisis - Non-Face to Face
- □ Intake – Face to Face
- □ Intake – Non Face to Face

Intake Worker:

Referred On (date/time/duration):

Date of first appointment: (dd/mm/yy)

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 On own Recognizance □ Unfit to stand trial □ Charges Withdrawn □ Stay of Proceedings □ Awaiting Sentence □ Not Criminally Responsible □ Conditional discharge □ Conditional Sentence □ Restraining order □ Peace Bond □ Suspended Sentence □ ORB detained- Comm. Access □ 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 □ CMH&A(Kenora Supportive Housing) □ CMHA-Short Term Res. Crisis Beds □ CMH&A-Other Comm.(KACL,New Directions etc.) □ Other Comm. Agencies (CDC, Legal Aid, OW) □ GP □ Psychiatrist □ MH Worker (Michelle Ott) □ 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: □ Single □ Married □ Widowed □ Divorced □ Separated □ Common-Law	
Previous Hospitalization for mental health problem? □ yes □ no □ unknown	
Hospitalization Dates & Name of Hospital	

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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: □ Yes □ No

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**