

Symptoms:

Psychiatric Diagnosis, by whom and when:

Current Medications and Dosages:

HOSPITALIZATIONS FOR PSYCHIATRIC REASONS

Dates and lengths of each hospitalization, to either general or psychiatric hospital for psychiatric reasons

Dates	Length of Stay	Hospital	Reason for admission

Number of visits to an emergency department for psychiatric reasons in the past six months _____

History No Yes When Comments

History	No	Yes	When	Comments
Suicidal Attempts				
Other self Harm behaviours				

FUNCTIONAL ABILITIES

Yes

No

Unknown

Does individual have safe Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does individual maintain vocational activity (school, volunteer, employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does individual have family and/or social network involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can individual carry out daily routines/chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does individual struggle with substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RISK ISSUES

Are there any legal aspect to this referral with: **CAS** **Lawyer** **Probation** **Parole** **Police**

If yes, specify:

Has the individual ever engaged in episodes of harm to people or damage to property (fire setting, vandalism etc)

YES **NO** If yes, specify:

Criminal Charges No Yes Charge When Disposition & Comments

Current Charges	<input type="checkbox"/>	<input type="checkbox"/>			
Past Charges	<input type="checkbox"/>	<input type="checkbox"/>			

Individual given Huron Perth Helpline and Crisis Response Team phone number: Yes No #1-888-829-7484

Form Completed by: _____ .

Fax the COMPLETED Form to 519-524-9349.