

Huron Perth Clinical Intensive Case Management Referral Form



All Sections of this form are to be filled out in order proceed with referral

Date:	Health Card#		Version:						
Name:		Gender: M F	Marital Status:						
Mailing Address:		Physical Address:	Physical Address:						
Postal Code:									
Mail Correspondence accepted: Yes	□No	Birth date: / /	Birth date: / / Age:						
Telephone Numbers (Primary):		(Secondary):	(Secondary):						
Messages can be left? ☐ Yes ☐ No		Messages can be left?	Messages can be left? Yes No						
Substitute Decision Maker:		Relationship:	Relationship:						
Address:		Telephone Number:	Telephone Number:						
Emergency Contact:		Relationship:	Relationship:						
Address:		Telephone Number:	Telephone Number:						
Family Physician:		Psychiatrist:							
Phone #:		Phone #:	Phone #:						
Allergies: Yes No I If yes, specify:									
Are there any barriers to accessing serv (Language, communication, physical, visual etc.)?	ice?	s No: If yes, specify:							
Referral Source:		Agency:							
Phone:		Is individual aware of this refe	individual aware of this referral?						
Previous client of CPS/ICM? Yes	□ No	How long ago?	ow long ago?						
Does individual receive any services fro	m the following?	(please check all that apply)							
 ☐ CMHA TV MH&A Exeter Site ☐ Grief Counselling (Huron Hospice) ☐ Psychologist ☐ Other 									
Are there any safety risks staff should be aware of in delivering service?									
If yes, specify:									
Reasons for Referral:									

Symptoms:											
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		hen	Comments		.c pas			
Suicidal Attempts		INO	162	771	ien	Comments					
Other self Harm behaviou	ırs										
Cities con Flami conaviou											
FUNCTIONAL ABILITIES Yes No Unknown											
Does individual have safe	Hous	sing									
Does individual maintain vocational activity (school, volunteer, employment)]				
Does individual have family and/or social network involvement											
Can individual carry out daily routines/chores											
Does individual struggle with substance use											
Comments:							l		l		
DIOK IOOUEO											
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	r yes, s	specify:									
Criminal Charges	No	Yes	Charg	10		When	Die	nociti	on & Comm	ente	
Current Charges			Unary) -		AALIGIT	פוח	ρυσιιι	on a comm	Onto	
Past Charges											
Individual given Huron Perth Helpline and Crisis Response Team phone number: Yes No #1-888-829-7484											
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Form Completed by:
Fax the COMPLETED Form to 519-524-9349.