



## Initial Contact Form

**Instructions: Please complete all fields to the best of your ability. If you require assistance completing this form, please call or ask someone at reception. Please be advised that there may be a wait time for your initial intake appointment. If you are in need of immediate assistance, please call Four County Crisis at 866-995-9933.**

Date:

<b>Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/> Choose not to disclose	<b>Address:</b>	<b>Telephone:</b>  Cell:	<b>Can we leave a message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  E-mail:	<b>What is your preferred language?</b>
<b>Are you of Aboriginal descent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Canadian Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Health Card Number and version code:</b>	<b>What is your Mental Health Diagnosis?</b>	<b>Addictions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is your source of Income?</b>	<b>Are you currently:</b> <input type="checkbox"/> In school <input type="checkbox"/> Working <input type="checkbox"/> None
<b>What is the highest level of education you have completed?</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Some High school  <input type="checkbox"/> High School <input type="checkbox"/> Some college  <input type="checkbox"/> College/University		<b>Are you requesting a Psychiatrist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever accessed Four County Crisis Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What type of residence do you live in (e.g. own home, apartment, shelter, hospital)?</b>		<b>Who do you live with?</b>
		<b>Referral Source:</b> <input type="checkbox"/> Self or <b>Name:</b>				
		<b>Agency:</b> <b>Contact information:</b>				
<b>Please describe presenting concerns:</b>						
<b>Office Use Only</b>						
<b>Initial Contact Date:</b>		<b>Message Left:</b> Yes <b>Worker:</b>		<b>Appointment booked:</b> Date: Time:		
<b>Remarks:</b>						
<b>Completed by:</b>			<b>Entered into C.R.M.S.:</b> Yes No			