Canadian Mental Health Association
Haliburton, Kawartha, Pine Ridge
Mental health for all

Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge Branch

Date:

Initial Contact Form

Instructions: **Please complete all fields to the best of your ability. If you require assistance, please call or ask someone at reception.**

Name:	**Date of Birth:**	**Gender:** ☐ Male ☐ Female ☐ Trans ☐ Other ☐ Choose not to disclose	**Address:**	**Telephone:** **Cell:**	**Can we leave a message?** ☐ Yes ☐ No **E-mail:**	**What is your preferred language?**
Are you of Aboriginal descent? ☐ Yes ☐ No	**Canadian Citizen** ☐ Yes ☐ No	**Health Card Number and version code:**	**What is your Mental Health Diagnosis?**	**Addictions?** ☐ Yes ☐ No	**What is your source of Income?**	**Are you currently:** ☐ In school ☐ Working ☐ None
What is the highest level of education you have completed? ☐ Elementary ☐ Some High school ☐ High School ☐ Some college ☐ College/University		**Are you requesting a Psychiatrist?** ☐ Yes ☐ No	**Have you ever accessed Four County Crisis Services?** ☐ Yes ☐ No	**What type of residence do you live in (e.g. own home, apartment, shelter, hospital)?**		**Who do you live with?**
		Referral Source: ☐ **Self** **or** **Name:** **Agency:** **Contact information:**				

Please describe presenting concerns:

Office Use Only

Initial Contact Date:	**Message Left:** ☐ **Yes** **Worker:**	**Appointment booked:** ☐ **Date:** **Time:**
Remarks:		
Completed by:	**Entered into C.R.M.S.:** ☐ **Yes** ☐ **No**	

Revised: July 2016 - A