



INTAKE ASSESSMENT

Client Name: _____

Reason for Referral: _____

Preferred location (please indicate the location or locations where you would be willing to live)

Fenlon Falls

Lindsay

Demographics:

Community Support Identified along with the contact information (i.e. ACTT, PI, Family, PGT, ODSP, GP, CDP)

Current and past living situation (i.e. have you lived in a group home setting in the past):

Activities of Daily Living (ADL's – shopping, meal prep., medication compliance, laundry, financial)

Physical Health (Concerns):

Mental Health (Dx/Sx/SI/SH/Hx of suicide attempts, triggers, aggression, damage to property):

Substance Abuse (Current and Hx)

Legal Concerns/Involvement:

Community Involvement:

Goals:

Spirituality of Importance:

Strengths/Abilities

Needs/Preferences

Overall Impressions:

Completed By: _____

Date: _____

Referral Source Email: _____

(Required for upcoming bed notification)

Other information we gather prior to scheduling a tour includes:

- Social Work Assessment
- OT Assessment
- Nursing Assessment
- Risk Assessment
- Crisis Plan (if available)
- Current living situation (in a lease and needs to provide 60 days notice)

Information needed prior to move in:

- List of current medication and pharmacy information if not previously noted
- Emergency Contact information
- Three (3) months bank statements
- Notice of Assessment from last year's income tax
- Copies of ID
- Transition Plan and upcoming appointment schedule

_ Documents Attached

Once completed, forward to: ljones@cmhahkpr.ca