



**INTAKE ASSESSMENT**

**Client Name:** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_

**Reason for Referral:**

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Client permission to contact referral:  Yes  No

**Name of Referral Source:**

**Phone:**

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

- Fenelon Falls-**Wyatt Residence**  Lindsay-**Eastside Lodge**

**Provide details in the following areas:**

**Formal/Informal Support Identified along with the contact information**

(i.e., ACTT, Primary care, psychiatric care, Family/Friends/Guardians):

**Source of Income (ODSP, CPP, OAS):**

**Power of Attorney/Substitute Decision Maker:**  Yes  No

Provide details if yes:

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

**Describe 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:**

**Reason for Referral/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**

**\*NOTE:** if completed by a 3<sup>rd</sup> party referral source, include a completed client consent form of referring agency