Alexandra Marine & General Hospital
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: **Postal Code**:	**Physical Address**:	
Mail Correspondence accepted: ☐ Yes ☐ No	**Birth date**:	**Age**:
Telephone Numbers (Primary): **Messages can be left?** ☐ Yes ☐ No	(Secondary): Messages can be left? ☐ Yes ☐ No	
Emergency Contact:	Relationship:	
Address:	Telephone Number:	
Family Physician: **Phone #**:	**Psychiatrist**: **Phone #:**	
Allergies: ☐ Yes No ☐ If yes, specify:		
Are there any barriers to accessing service? (Language, communication, physical, visual etc.)?	☐ Yes ☐ No : **If yes, specify:**	
Referral Source:	**Agency**:	
Phone:	**Is individual aware of this referral**? ☐ Yes ☐ No	
Previous client of CPS/ICM? ☐ Yes ☐ No	**How long ago**?	

Does individual receive any services from the following? (please check all that apply)

- ☐ **CMHA Huron Perth**
- ☐ **CMHA Middlesex (WOTCH)**
- ☐ **Grief Counselling (Huron Hospice)**
- ☐ **Psychologist**
- ☐ **Other** _____
- ☐ **Choices for Change**
- ☐ **Women's Shelter**
- ☐ **Family Health Team Social Work**
- ☐ **Huron Perth Centre for Children and Youth**

Previous OCAN assessment competed? ☐ Yes ☐ No **If yes**, do we have permission to access it?

Are there any safety risks staff should be aware of in delivering service? ☐ Yes ☐ No

If yes, specify:

Reasons for Referral:

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	When	Comments
Suicidal Attempts				
Other self Harm behaviours				

FUNCTIONAL ABILITIES	Yes	No	Unknown
Does individual have safe Housing	☐	☐	☐
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:			

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 yes, specify:

Criminal Charges	No	Yes	Charge	When	Disposition & Comments
Current Charges	☐	☐			
Past Charges	☐	☐			

Individual given Huron Perth Helpline and Crisis Response Team phone number: ☐ Yes ☐ No #1-888-829-7484

Form Completed by: _____.

Fax the COMPLETED Form to 519-524-9349.