



**MENTAL HEALTH AND ADDICTIONS PROGRAM
HOUSING DIVISION
INTAKE ASSESSMENT SUMMARY**

Section 1: PERSONAL PROFILE

The information contained in this document was obtained by the treatment team and/or a review of the client's medical records unless otherwise stated.

Client's Name: _____ DOB: _____

Marital Status: _____ Male Female

Current Address: _____

Telephone _____

Home Community _____

Eastern Health #: _____ HRLE#: _____

SIN# _____ MCP#: _____

Next of Kin and/or Significant Contact Information:

Family Contact Details	Relationship:	Address:	Phone Number:
	Mothers Name:		
	Fathers Name:		
	Siblings:		
	Other:		
	Other:		

Other Significant People	Name / Relationship:	Address:	Phone Number:

Involvement with Family or Significant Others:

Section 2: TREATMENT TEAM AND COMMUNITY INVOLVEMENT

(PLEASE LIST NAME AND CONTACT INFORMATION)

Family Doctor: _____

Psychiatrist: _____

Social Worker: _____

Nurse: _____

Occupational Therapist: _____

Recreational Specialist: _____

Counselor: _____

Other: _____

Other: _____

Reason for Referral:

Residential History:

Power of Attorney:

Advanced Health Care Directive:

Burial Arrangements:

Section 3: MEDICAL AND PSYCHIATRIC HISTORY

Medical and Psychiatric Diagnoses:

Current Medications:

Name	Dose	Frequency	Route

Medication Compliant: Yes No

Self Medication: Yes No

If client requires assistance with the administration of medications please explain.

Allergies:

Special Dietary Requirements:

Physical Limitations:

Level of Care (See Appendix A):

Signs of Psychiatric Instability:

Admissions to Hospital:

Suicidal History:

Trauma History:

Current Drug Use:

- Street _____
- Over-the-Counter _____
- Alcohol _____
- Nicotine _____
- Caffeine _____

Gambling:

Section 4: EDUCATION, WORK AND LEISURE HISTORY

Education History:

Work History:

Current Programming and/or Social and Leisure Interests:

Peer Supports:

Religious Affiliation/Spiritual Beliefs and Practices:

Section 5: RISK FACTORS

Physical Aggression:

Verbal Aggression:

Self Harm:

Substance Abuse:

Sexually Inappropriate Behaviour:

Legal History:

Other (i.e. theft, property damage, fire setting):

Home Capability Factors:

Section 6: FINANCIAL INFORMATION

Source of Income:

Money Management:

Section 7: ADDITIONAL INFORMATION

Additional Information:

Appendix A

ACTIVITIES OF DAILY LIVING

ACTIVITY	LEVEL	DETAILS
Eating	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Drinking	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Ambulation	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Hygiene	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Toileting	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Menstrual care	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	

ACTIVITY	LEVEL	DETAILS
Dressing	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Grooming	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Shopping	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Finances	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Interpersonal Skills	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Laundry	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	
Cooking	<input type="checkbox"/> independent <input type="checkbox"/> need some assistance <input type="checkbox"/> need full assistance	