

REFERRAL FORM

PERSONAL INFORMATION

Name of Person Being Referred: _____ Date of Birth: ____/____/____.

Address: _____

Postal Code: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

Allergies: _____

PSYCHIATRIC HISTORY

HAVE YOU BEEN DIAGNOSED WITH A MENTAL ILLNESS? IF YES, SPECIFY:

Primary Diagnosis: _____

Secondary Diagnosis (if applicable): _____

Other Diagnosis: _____

ADDICTIONS: DO YOU HAVE ANY ADDICTIONS ISSUES? PLEASE DESCRIBE: _____

LIST PROGRAMS CLIENT WILL BE ATTENDING/REGISTERING IN: _____

DOES THIS CLIENT REQUIRE SPECIAL ACCOMMODATIONS (I.E. HEARING, MOBILITY)?
 IF YES, PLEASE SPECIFY: _____

IS THERE ANY INVOLVEMENT WITH THE LEGAL SYSTEM OR BEHAVIOURAL ISSUES THAT PUT RISK TO SELF OR
 OTHERS? IF YES, PLEASE DESCRIBE: _____

REFERENT INFORMATION

Name of Referent : _____ Agency: _____

Contact Number: _____

AUTHORIZATION

The applicant is aware and has given consent to submitting this document.

I, _____, wish to be considered for services provided by Alpha Court.
 (Print Name)

Signed _____ Date _____

NOTE: The Day Program does not have the staff resources to provide 1:1 support to participants. If people require this level of care, support staff will need to accompany and support the participants at the program.



CONSENT FORM

Alpha Court Day Centre must assure their participants are safe and have access to care when required. In order for us to effectively provide program support that meets your needs and enables you to safely participate in all programs offered; we require your consent with the following:

- To contact your emergency contact in the event of an emergency while at the Alpha Court Day Centre
- Disclose to or obtain information from referent relating to your involvement with Alpha Court Day Centre programs.

The Staff of Alpha Court's Day Centre are skilled professionals who combine educational qualifications with field experiences. All staff adheres to the code of ethics of their professional organization and/or the Ontario College of Social Workers and Social Service Workers Code of Ethics as the standard for professional behaviour.

CONTACT INFORMATION

	Name	Relationship	Contact Information
1.			
2.			
3.			

I, _____ understand this information that has been presented. I have had an opportunity to have questions answered regarding my consent for the above items. I hereby authorize the staff of Alpha Court Day Program to contact my provided emergency contact in the event of an emergency and to disclose or obtain information from referent relating to my involvement with Alpha Court Day Program.

Signed _____

Date _____



CLIENT REGISTRATION

NAME:

DATE:

1.	Are you Aboriginal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Gender?	
3.	Have you been in the hospital for mental health reasons in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What are your Living Arrangements?	<input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children <input type="checkbox"/> Relatives <input type="checkbox"/> Non-Relatives
5.	What type of Housing are you with?	<input type="checkbox"/> Live in Non-Profit <input type="checkbox"/> Own my home <input type="checkbox"/> Shelter <input type="checkbox"/> Rooming House <input type="checkbox"/> Retirement Home
6.	Income Source?	<input type="checkbox"/> Employment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> ODSP <input type="checkbox"/> Social Assistance <input type="checkbox"/> Family Disability Assistance <input type="checkbox"/> No Source of Income <input type="checkbox"/> Other
7.	Your highest level of education?	
8.	Are you presently in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you on a Community Treatment Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are there any issues with your physical health? (i.e.: Diabetes, Cardiovascular, Thyroid)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:

