DAY CENTRE
221-270 Windsor Street
Thunder Bay, ON P7B 1V3
Phone: (807) 683-7729 Fax: (807) 683-8225

REFERRAL FORM

PERSONAL INFORMATION

Name: Date of Birth: ____/____/____. (MM/DD/YYYY)

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 (PLEASE DESCRIBE):

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.

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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 _____

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CLIENT REGISTRATION

NAME: DATE:

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

ALPHA COURT

BISNO Brain Injury Services of Northern Ontario

PACE People Advocating for Change through Empowerment Inc.