

WE WELCOME YOU TO MENTAL HEALTH CASE MANAGEMENT INTAKE

There is now one Request for Service form for the following programs in Thunder Bay. Complete this form if you or the person you are referring has a serious mental illness (such as schizophrenia or a serious mood disorder). To be eligible for any program you, or the person referred, must require support to function successfully in the community. If you require assistance completing this referral, if you are uncertain these programs are for you, or if you have questions about other available community services please contact the intake coordinator at 346-8300 or email us at intakecm@tbh.net. We would be happy to assist you.

Our participating programs are:

Alpha Court

- Community Mental Health Program
- Homelessness Initiative Project (HIP 2)
- Ooshke Bemahdesewin Program
- Rapid Response Outreach Services
- Addiction Services

Canadian Mental Health Association

- Homelessness Initiative Project

St. Joseph's Hospital

- Community Support Program
- Lakeview Clinic
- Northwestern Ontario Concurrent Disorders Program
- Outreach to Recovery

Thunder Bay Regional Health Sciences Centre

- Assertive Community Treatment Teams

The information you share with us will be kept confidential between you and our Referral Review Committee. One staff person from each participating program is on this committee and may review your Request for Service form. We may contact you or your referral source if we need further information. This will help us refer you to the program that may be most suited to meet your needs. The program you are referred to will be receiving the information you have provided.

Mental Health Case Management Intake Request for Services

Applicant's Last Name: _____ First Name: _____ Male Female

Current Address: _____ City: _____

Postal Code: _____ Phone: _____ Date of Birth: _____

Alternate Contact Name & Number: _____ Health Card #: _____

Are you pregnant? Yes No Do you identify yourself as an aboriginal person? Yes No

If yes, would you prefer to receive services from an aboriginal case management program if possible? Yes No

Are you homeless or at risk of becoming homeless? Yes No (please specify below)

Type of Service Requested (check all that apply, and provide specific details below):

- Assistance with self care (i.e. nutrition, medication, hygiene, clothing maintenance)
- Assistance with daily living skills (i.e. managing finances, preparing meals, housekeeping, appointment keeping)
- Education around diagnosis, symptom management
- Developing formal and informal support networks
- Assistance with community involvement/participations (i.e. using public transit, accessing rehabilitation services/social recreations programs)
- Accessing employment or education, structuring daily activities
- Assistance with alcohol/drug addiction (please specify below)
- Methadone treatment
- Support, problem solving, advocacy
- Other: _____

Please provide a detailed description of needs (including addiction issues) here: _____

MHCMI referral form

Name of Treating Psychiatrist: _____ Name of Family Doctor: _____

Diagnosis (all): _____

Current Medications: _____

Do you have a developmental handicap? Yes No Acquired Brain Injury? Yes No

Any current or past issues/charges of violence? If yes, please explain. _____

Do you give permission for the referral coordinator to contact the person who referred you? Yes No

Referral Source Name: _____ Position: _____

Agency: _____ Phone: _____

Address: _____ Postal Code: _____

I _____, wish to be considered for services provided by the programs participating in Mental Health Case Management Intake (MHCMI). I give permission for my health information to be accessed by the MHCMI Referral Coordinator specifically and only for mental health information that would help in determining which, if any, of these programs can best support me. I know that I am applying for these services in Thunder Bay and that the information on this form and gathered by MHCMI may be shared with these programs under the Personal Health Information Protection Act, including the provision of pertinent documents.

Comments: _____

Signed

Date

Witnessed

Date

Please forward completed referral to,
Mental Health Case Management Intake
289 Munro Street
Thunder Bay, Ontario, P7A 2N3
(807) 346-8300
Fax: (807) 683-4360 (supersedes August 19, 2008, November 10, 2008)