



Kenora Association for Community Living
A Meaningful and Satisfying Life

Community Mental Health Support Services
Intake

Date: _____ Completed by: _____ Referred by: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ D.O.B. _____

HC#: _____ VC: _____

Gender: Male Female Other Declined to answer Unknown

Status Card Number: _____ Band Name & Number: _____

Address: _____ Postal Code: _____

Phone Number: _____ Alternative Phone Number: _____

Marital Status: Single Partner/significant other Separated
 Declined to answer Married/common-law relationship
 Widowed Divorced Unknown

Source of Income: _____

Emergency Contact: _____

Next of Kin: _____

Substitute Decision Maker: _____

Power of Attorney for Property: Yes No Active Non-Active

Name: _____ Phone Number: _____

Power of Attorney for Personal Care: Yes No Active Non-Active

Name: _____ Phone Number: _____

Central Office • Children's Services • Options for Adults • Community Mental Health Support Services

501 Eighth Avenue South, Kenora, Ontario P9N 3Z9

P (807) 467-5225 • F (807) 467-5247

kacl.ca

Other Agencies Involved:

Agency: _____

Contact: _____ Phone Number: _____

Agency: _____

Contact: _____ Phone Number: _____

Agency: _____

Contact: _____ Phone Number: _____

Agency: _____

Contact: _____ Phone Number: _____

Agency: _____

Contact: _____ Phone Number: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

Other: _____ Phone Number: _____

Other: _____ Phone Number: _____

Other: _____ Phone Number: _____

Other: _____ Phone Number: _____

Language Preferred: _____ Language of Service Provision: _____

Aboriginal Origin: Aboriginal Non Aboriginal Unknown Declined

Citizenship Status: Canadian Citizen Temporary Resident
 Permanent Resident Refugee
 Declined to Answer Unknown Declined

Length of time lived in Canada: (number of years/months): _____

Allergies: _____

Age in years for onset of mental illness: _____

Age of first psychiatric hospitalization: _____

Diagnosis: _____

Have you been hospitalized due to your mental health during the past 2 years?
(select one)

- Yes No Declined to answer Unknown

History of past hospitalizations: _____

How many times did you visit an Emergency Department in the last 6 months for mental health reasons?

- None 2 - 5 Declined to answer
 1 More than 6 Unknown

Community Treatment Order:

- Issued CTO No CTO Declined to answer Unknown

Have you attempted suicide in the past? (select one)

- Yes No Declined to answer Unknown

Do you currently have suicidal thoughts? (select one)

Yes

No

Declined to answer

Unknown

Medications: _____

Dentures: _____ Pharmacy: _____

Medical conditions (select all that apply)

Acquired Brain Injury

Alzheimer's

Arthritis

Autism

Breathing problems

Cancer

Cirrhosis

Communicable disease

Diabetes

Type 1 Type 3

Type 2 other

Eating disorder

Epilepsy

Hearing impairment

Heart condition

Hepatitis

A B C D

HIV

High blood pressure

High cholesterol

Intellectual disability

Low blood pressure

Obesity

Osteoporosis

Pregnancy

Seizure

Sexually transmitted
Infection (specify)

Skin conditions

Sleep problems
(eg, insomnia)

Stroke

Thyroid

Vision impairment

Other _____

Declined to answer

Unknown

Additional information regarding medical conditions:

Do you live with anyone? (select one)

- | | | |
|---|---------------------------------|--|
| <input type="radio"/> Self | <input type="radio"/> Children | <input type="radio"/> Non-relatives |
| <input type="radio"/> Spouse/partner | <input type="radio"/> Parents | <input type="radio"/> Declined to answer |
| <input type="radio"/> Spouse/partner and others | <input type="radio"/> Relatives | <input type="radio"/> Unknown |

Are you currently in school? (select one)

- | | | |
|---|---|--|
| <input type="radio"/> Not in school | <input type="radio"/> Vocational/training | <input type="radio"/> Other_____ |
| <input type="radio"/> Elementary/junior high school | <input type="radio"/> Community college | <input type="radio"/> Adult education |
| <input type="radio"/> Secondary/high school | <input type="radio"/> University | <input type="radio"/> Declined to answer |
| <input type="radio"/> Trade school | | <input type="radio"/> Unknown |

What is your highest level of education? (select one)

- | | | |
|---|--|--|
| <input type="radio"/> No formal schooling | <input type="radio"/> Some secondary/high school | <input type="radio"/> College/university |
| <input type="radio"/> Some elementary /junior high school | <input type="radio"/> Secondary/ high school | <input type="radio"/> Declined to answer |
| <input type="radio"/> Elementary /junior high school | <input type="radio"/> Some college/university | <input type="radio"/> Unknown |

What is your current employment status? (select one)

- | | |
|---|---|
| <input type="radio"/> Independent/competitive | <input type="radio"/> Non-paid work experience |
| <input type="radio"/> Assisted/supportive | <input type="radio"/> No employment- other activity |
| <input type="radio"/> Alternative businesses | <input type="radio"/> Casual/sporadic |
| <input type="radio"/> Sheltered workshop | <input type="radio"/> No employment of any kind |
| <input type="radio"/> Declined to answer | <input type="radio"/> Unknown |

Work History _____

Does drinking cause you any problems? _____

Do you take drugs that aren't prescribed? _____

Do you currently have any legal issues? (select one)

- Civil Criminal None Declined to answer Unknown

Volunteer Experience: _____

Religious Affiliation: _____

Clubs/Memberships: _____

Interests/Hobbies: _____

Family Contacts: _____
