Community Outreach Intake Form

Date: _____   Staff: _____

PART I – GENERAL INFORMATION:

Caller is: Former client   New client

Name: _____Contact Number: _____
Address: _____
Contact Number (Primary): _____ (Secondary): _____
Date of Birth: _____

PART II – MENTAL & PHYSICAL HEALTH HISTORY:

1. Tell me a bit about what is going on in your life? Utilize prompting questions below if necessary:

- What has been on your plate? - Are you finding you are feeling overwhelmed? - Are there things that you're finding difficult to manage? - Are there specific stressors you're dealing with?).

2. How has your mental health been impacted by the (above described/disclosed information)?

3. Are you currently experiencing any thoughts of suicide or self-harm?

- ▪ *If yes: How recent? Tell me a bit more about that…*

4. Have you been diagnosed with a mental illness?   Y   N

- *Approximate date of diagnoses: _____*

- *If yes: Have you started taking any medications?*   Y   N

- *If yes: Approximate start date : _____*

Tell me a bit more about that.. *(e.g. How has that been going? What areas do you feel you may need some support in?).*

5. **What supports have you been accessing in the community** *(e.g., psychiatrist, family physician, psychologist, counselor, social worker, mental health nurse, etc.)?*

<u>PART III – SCHEDULING & APPOINTMENT TIMES:</u>

6. When is the best time to reach you?

Mornings   Afternoons   Evenings

Approximate Time: _____

<u>Part IV: Staff Comments and/or Observations (e.g., areas for immediate follow-up).</u>