**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who referred you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL INFORMATION:**   
  
**Applicant is:** Former client  New client

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number (Primary): Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is it okay to leave a message?**  Y  N  **Best time to reach you?** Mornings  Afternoons  Evenings

**HEALTH HISTORY:**

**1. Have you been diagnosed with a mental illness****?**  Y  N  **If Yes, what is your diagnosis?**

**2. Can you tell me more about how your current mental health is impacting you?** (e.g. What areas do you feel you may need support in?)

**3. Are you prescribed medications?** Y  N  **If so, do you take them consistently as prescribed?**  Y  N

**4. Are there concerns with drug or substance use?**  Y  N  **If so, when was last use?**

**5. Is there any alcohol use?** Y  N  **If so, when was last use?**

**6. Are you experiencing any thoughts of suicide or self-harm?**

**7. Is domestic violence a concern for you or anyone in your household?**

Please submit form via:

Fax: 780-874-9957 Email: [info@libbie.ca](mailto:info@libbie.ca) or in person during business hours