

Section 1: Referral Source

The potential client is being referred by: _____

VIHA Case Manager Psychiatrist G.P. Other _____

Contact number: _____ Email address: _____

Section 2: Professional Support

Please note: All clients of Island Community Mental Health are required to have a Case Manager, Psychiatrist, or General Practitioner who provides professional support regarding the client's mental health concerns. Program staff will contact the individual.

Professional Contact: _____

VIHA Case Manager Psychiatrist G.P.

Contact number: _____ Email address: _____

Section 3: Additional Supports

Psychiatrist: _____ phone: _____

Physician: _____ phone: _____

Case Manager: _____ phone: _____

Other: (please specify): _____ phone: _____

Section 4: Client information

Client Name: _____ **DOB:** _____
(Month/Day/Year)

Address: _____ **Postal Code:** _____

Contact number: _____ **Email address:** _____

Primary Diagnosis: _____

Secondary Diagnoses: _____

Dates of Most Recent Hospitalization for Mental Health Concerns: _____

Past Suicide Attempts: Yes No If yes, please describe: _____

Current Active or Passive Suicidal Ideation: Yes No If yes, please attach most recent risk assessment and/or safety plan: _____

Alcohol/substance Use Past and Present (and stage of change): _____

Is There a History of Violence or Aggression Yes No If yes, please describe:

Section 5: Education and Employment

1. What is the person saying about Education / Employment? Why do they want Education / Employment now?
Click here to enter text.

2. Is this person interested in gaining more education to advance their career goals?
Click here to enter text.

3. Please include some information about the person's illness (diagnosis, symptoms, etc.). How might the person's illness (and/or substance use) affect a job or return to school? Are there any additional barriers?
Click here to enter text.

4. What are some of the person's strengths? (Experience, training, personality, supports, etc.)
Click here to enter text.

5. What type of Education / Employment do you think would be a good match? Why?
Click here to enter text.

Please fax attention : 250-389-1263 | Networks | 125 Skinner Street | James Kerr 250-884-2451