

## Section 1: Referral Source

The potential client is being referred by: \_\_\_\_\_

VIHA Case Manager  Psychiatrist  G.P.  Other \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## Section 3: Additional Supports

Psychiatrist: \_\_\_\_\_ phone: \_\_\_\_\_

Physician: \_\_\_\_\_ phone: \_\_\_\_\_

Case Manager: \_\_\_\_\_ phone: \_\_\_\_\_

Other: (please specify): \_\_\_\_\_ phone: \_\_\_\_\_

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## Section 4: Client information

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(Month/Day/Year)

Preferred Pronoun: \_\_\_\_\_

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): \_\_\_\_\_

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

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## 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.

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

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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.

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

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

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**Please fax attention: 250-389-1263 | Networks | 125 Skinner Street | 250-389-1211**