WENDAT
Community Programs
Providing Services for Seniors and Adult Mental Health Services in North Simcoe-Muskoka

**WENDAT PSYCHOGERIATRIC PROGRAM**
**MOBILE SOCIAL WORK INTAKE FORM**

**Referred by:**
**Organization name and address:**
_____
_____
_____

**Date of Referral:** _____
**Referral Contact:**
**Name:** _____
**Phone #:** _____
**Fax #** _____

**Client Information:**

Client name: _____ DOB: _____ HC# _____

Address: _____ Marital Status _____ Gender: Man □Women□ I identify as_____

_____

Phone: _____ Language first spoken _____

Language of communication: _____

Aboriginal origin: Y □ N □ U/K □
Veteran: Y □ N □ U/K □
Cultural Needs: Y □ N □ U/K □ specify _____
Spiritual Needs: Y □ N □ U/K □ specify _____

Is this person Capable for:

Personal Care/Treatment: Y □ N □ U/K □
Contact Person
_____
(Name and relationship))

_____
(Address)

_____
(Telephone)

Property: Y □ N □ U/K □
Contact Person
_____
(Name and relationship)

_____
(Address)

_____
(Telephone)

Alternate Contact Person: _____ _____
(Name) (Telephone)

_____ _____
(Address) (Relationship)

Is the person aware of this referral? □ Y □ N □ U/K _____

Has consent been obtained? □ Y □ N □ U/K _____

History of Hospitalizations: (This refers to total # of **previous** admissions)

**Psychiatric:** Diagnoses: _____

Psychiatrist: _____ Mental Health Worker: _____

**Medical:** # of admissions ___ Date of last admission/assessment: _____

Diagnoses: _____
_____

Family Physician: _____
(Name)

_____ _____
(Address) (Telephone)

**Medications:** (Prescribed, OTC and Herbal): **Please Attach**

**Allergies:** _____

**Falls Risk Assessment completed?** □ Y □ N **Result:**_____

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## *REASONS FOR REFERRAL TRIAGE TOOL*

### *CRITICAL FACTORS*

**Areas of assessed risk/concern:**

□ Harm to self/other □ Abuse/neglect
□ Repeat E.D. visits □ Recent psych admit/diagnosis
□ Increased substance use □ Complicated grief/loss

**Issues related to accessing services outside their home?** YES NO

□ Transportation □ Mobility □ Complicated health issues □ Caregiving issues

**Is the client living alone?** YES NO

**Compounding factors – risk of increased frailty?**

□ Co-morbidity □ Impaired mobility □ Weakness □ Vision loss YES NO
□ Weight loss □ Hearing loss □ Cognitive issues □ Mood issues
□ Substance Abuse □ Advanced age 75+ □ Poverty □ Legal issues
□ Caregiver stress □ Social/Geographical isolation □ Behavioural issues □ Housing/environmental
□ Other _____

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***POSSIBLE SUPPORTIVE FACTORS***

**Supports/resources activated:** YES NO

□ Formal care in place □ Informal – family/friends □ Caregiver involvement
□ Extended Health coverage □ Social connection □ Environmental/housing
□ Other

**Previous involvement or eligibility with a support service:** YES NO

□ Waypoint PG Outreach □ GDH □ Alzheimer Society 1st Link □ CCAC SW
□ Community Mental Health □ Family Health Team SW □ ABI □ Chaplain/Priest
□ Hospice □ Veterans Affairs □ CHC □ Red Cross/ SW □ SASOT □ MST □ Other

**Other services/supports better able to help meet the needs/goals:** YES NO

□ Waypoint PG Outreach □ GDH □ Alzheimer Society 1st Link □ CCAC/ SW
□ Community Mental Health □ Family Health Team □ ABI □ Chaplain/Priest
□ Hospice □ Veterans Affairs □ CHC □ Red Cross /SW □ SASOT □ MST
□ Other _____

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**Referrer's comments:** As a result of your assessment and interventions to date and in obtaining consent for this referral:

What has the prospective client verbalized as his/her goals for further Social Work involvement?

What other referrals have you made? (Continue on next page if needed)

Thank you for assisting us in assuring that the service we provide is effective, efficient and appropriate to the needs of our mutual client as well as their formal and informal support system.

**Please forward this completed 4-page Social Work intake form to:**

**Zina Thomson, RPN**
**Program Supervisor**
**Wendat Community Programs**
**44 Dufferin St. Penetanguishene, ON L9M 1H4 FAX: (705) 355-1026**
**WEBSITE :** www.wendatprograms.com
**The Program Supervisor can also be reached by telephone**
**Monday to Friday 9AM - 5PM at (705) 355 - 1022 Ext. 228**

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**For Wendat office use:**

**Pre-Screening Result:** □ Priority level determined □ Further Screening Needed

**Comments/recommendations:**

**Post-screening Result:**

□ Priority High – response required in approx. 2-4 weeks (+ or - depending on SW availability)
□ Priority Medium - response likely in approx 1-2 months (+ or - depending on SW availability)
□ Priority Low – response when/if HR available (seek other potential resources)
□ Consultative/System Navigation
□ Not appropriate for this service

**Comments/recommendations:**

Completed By: _____ Date: _____