

STAGE 1 OF INTAKE PROCESS – REFERRAL



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Information gathered in this referral is confidential and will only be used to determine care requirements, suitability and the level of need required for the identified applicant. If you have any questions regarding referral and/or our intake process please contact the *Health Manager* at 403-457-7476.

APPLICANT INFORMATION								
Date of Referral: (mm/dd/yyyy)								
Referring Agency:								
Name of Agent:					Phone			
Applicant Name:					DOB (mm/dd/yyyy)			
	Phone			Email				
Applicant Address:	Street							
	City		Prov.		Postal Code			
Applicant Residency Status:	Canadian Citizen		Canadian Resident		Landed Immigrant Refugee Claimant			
Ethnicity: (e.g. Caucasian, Status Aboriginal, Non-status Aboriginal, Asian, African Canadian, etc)								
LEGAL GUARDIAN								
Does the Applicant have a Legal Guardian? (If 'yes' please provide the following information)				Yes		No		
Legal Guardian's Name:					Phone:			
Release of Consent (signed by Applicant or Legal Guardian)				Email:				
X								
HEALTH INFORMATION								
HIV INFORMATION			OTHER HEALTH DIAGNOSIS					
Date of HIV Diagnosis:	(mm/yyyy)		HEP A	YES	NO	DIABETES	YES	NO
Most Recent CD4 Count			HEP B	YES	NO	OTHER HEALTH CONCERNS	YES	NO
Most Recent Viral Load			HEP C	YES	NO	Comments:		
Is the Applicant taking HIV medications?	YES	NO	TB	YES	NO			
Comments:			CANCER	YES	NO			

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MENTAL HEALTH		PHYSICAL MOBILITY		
Mental Health Diagnosis	YES NO	The client's level of self care & physical functioning		
Diagnosis	Date of Diagnosis (mm/yyyy)	Please check the applicants level of mobility:		
1.		Limited/ Impaired <i>(e.g. Difficulty walking, using stairs, etc)</i>	Moderate/ Slightly Impaired <i>(e.g. Can walk & use stairs with assistance)</i>	High/ Independent <i>(e.g. Can walk & use stairs independently)</i>
2.				
3.				
4.				
5.				
Comments:		Comments:		

PSYCHO-SOCIAL INFORMATION

HOMELESSNESS		SUBSTANCE USE	
Is the applicant currently homeless?	YES NO	Does the applicant have a history of OR current issues with the misuse of alcohol, non-prescription or prescription drugs?	YES NO
Is the applicant at risk to be homeless?	YES NO		
Comments:		Comments:	

SOURCE OF INCOME		SEX TRADE	
<input type="checkbox"/> AISH <input type="checkbox"/> CPP <input type="checkbox"/> Income Support <input type="checkbox"/> Other: _____		History of engagement in sex trade?	YES NO
		Current engagement in sex trade?	YES NO

INVOLVEMENT IN THE JUSTICE SYSTEM		VIOLENCE	
Is the applicant currently on probation?	YES NO	Does the applicant have a history of violence and/or aggression?	YES NO
Does the applicant have a history of involvement with the justice system? (e.g. convictions, criminal activity)	YES NO	Are there any current concerns surrounding potential violence and/or aggression?	YES NO

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ADDITIONAL COMMENTS

Please provide any additional comments

If the signature of a guardian is not required, please press submit below to email the form with your default email client. If a guardian's signature is required, please print the form, have it signed, then scan and email it to info@thesharpfoundation.com or fax it to (403)453-2468.