

STAGE 1 OF INTAKE PROCESS – REFERRAL



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 or email referrals@thesharpfoundation.com

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 <input type="radio"/>		Canadian Resident <input type="radio"/>		Landed Immigrant <input type="radio"/>		
					Refugee Claimant <input type="radio"/>		
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 <input type="radio"/>		No <input type="radio"/>				
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 <input type="radio"/>	NO <input type="radio"/>	DIABETES	YES <input type="radio"/> NO <input type="radio"/>
Most Recent CD4 Count			HEP B	YES <input type="radio"/>	NO <input type="radio"/>	OTHER HEALTH CONCERNS	YES <input type="radio"/> NO <input type="radio"/>
Most Recent Viral Load			HEP C	YES <input type="radio"/>	NO <input type="radio"/>	Comments:	
Is the Applicant taking HIV medications?	YES <input type="radio"/>	NO <input type="radio"/>	TB	YES <input type="radio"/>	NO <input type="radio"/>		
Comments:			CANCER	YES <input type="radio"/>	NO <input type="radio"/>		

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hope | dignity | compassion

MENTAL HEALTH		PHYSICAL MOBILITY		
Mental Health Diagnosis	YES <input type="radio"/> NO <input type="radio"/>	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> <input type="radio"/>	Moderate/ Slightly Impaired <i>(e.g. Can walk & use stairs with assistance)</i> <input type="radio"/>	High/ Independent <i>(e.g. Can walk & use stairs independently)</i> <input type="radio"/>
2.				
3.				
4.				
5.				
Comments:		Comments:		

PSYCHO-SOCIAL INFORMATION

HOMELESSNESS		SUBSTANCE USE	
Is the applicant currently homeless?	YES <input type="radio"/> NO <input type="radio"/>	Does the applicant have a history of OR current issues with the misuse of alcohol, non-prescription or prescription drugs?	YES <input type="radio"/> NO <input type="radio"/>
Is the applicant at risk to be homeless?	YES <input type="radio"/> NO <input type="radio"/>		
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 <input type="radio"/> NO <input type="radio"/>
		Current engagement in sex trade?	YES <input type="radio"/> NO <input type="radio"/>

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

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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 referrals@thesharpfoundation.com or fax it to (403)453-2468.

SUBMIT