230 East 13 St., North Vancouver, BC, V7L 2L7
Telephone: 604-988-3131 Ext. 4824
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Vancouver Coastal Health — Providence Health Care

ACUTE HOME BASED TREATMENT PROGRAM - NORTH SHORE

PLEASE NOTE EXCLUSIONARY FACTORS

* Out of VCH/PHC Catchment Area
* Significant Risk of Physical Aggression
* Actively Suicidal/Homicidal
* Client is Certified under the Mental Health Act unless being released on Extended Leave
* Primary Diagnosis is Organic Brain Disorder
* Primary Diagnosis is AXIS II

PATIENT INFORMATION HOSPITAL ADMIT DATE_____D/C DATE_____

Name: *Last* _____ *First*_____ Marital Status:_____Gender ( )M( )F( )O
PARIS #:_____ PHN:_____ DOB:_____ Phone #s:_____
Address:_____
Support Person:_____ Relationship to Client:_____ Phone #:_____

REFERRAL INFORMATION REFERRAL DATE_____

Source: _____ Phone #:_____ Fax # _____
GP: _____ Phone #:_____ **Is Patient Supportive of Referral** ( )Y( )N
Community Supportive of Referral ( )Y( )N **Support Person Aware and Supportive** ( )Y( )N( )N/A

REASON FOR REFERRAL: Presenting Problems, Diagnosis, Symptoms, Severity & Psychiatric History

_____
_____
_____

Goals for Treatment: _____
_____

INVOLVED MENTAL HEALTH TEAM/SUPPORT: Name:_____
Psychiatrist:_____Case Mgr/Counselor:_____Phone #:_____
Ext. Leave: ( )Y ( )N Hospital: _____ Renewal Date:_____Next Appointment:_____

CLINICAL FEATURES

Suicidality:
Ideation ☐No ☐Active ☐Passive ☐Intent
Plan ☐No ☐Yes _____
Attempts ☐No ☐One ☐More than one
Date of last attempt: _____
Lethality of attempts: ☐low ☐mod ☐high

Self Harm Behaviour:
Current ☐No ☐Yes _____
Past ☐No ☐Yes _____

Aggressive Behaviour:
Others ☐none ☐low ☐high
Property ☐none ☐low ☐high

Drug and Alcohol Use:

Type	*Quantity*	*Frequency*

Legal Charges/Involvement:

Family/Work Issues: _____
Current Housing Situation: _____

Medical Issues:_____

MEDICATION	DOSE	FREQ

☐ See attached med record
☐ Adverse Reactions? _____
☐ Allergies? _____

Outstanding Referrals/Waitlists ( )N ( )Y Who?

Please attach: 1) Clinical Notes 2) Written order for Blister packed Meds 3) D/C Med Rec 4) Documentation for Ext. Leave

FAX COMPLETED REFERRALS TO (604)-983-6060