



Crisis Service G.P Intake Referral
Direct Inquiries to Midland Office 705-526-1305 Ext. 236 or
Complete all sections and fax to: Midland Office 705-526-9248

Name _____ Phone (H) _____ (BorC) _____

Address _____ City/Town _____

Postal Code: _____ Gender: Man or Woman or I Identify as _____

D.O.B.(DMY) _____ Marital Status _____ HC# _____

Family Doctor _____ Psychiatric Diagnosis _____
(if known)

Formal/Informal Supports (please include past and present supports and any mental health providers involved with the individual):

Current Medications: _____

Medical/Health Issues: _____

Current Presentation (circle appropriate response)

Suicide Risk: Yes No Details: _____
 Violence Risk: Yes No _____
 Substance Abuse: Yes No _____
 Self-Harm: Yes No _____

Please provide some background to your referral and any specific interventions you feel would be appropriate. Use back of page if needed:

Referring Physician _____	Phone _____	Fax _____
Signature _____	Date _____	
If Client Consent for Follow-up by Wendat Community Programs Crisis Services please obtain client signature.		
Signature _____	Date _____	