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

P.O. Box 832, 237 Second St.
Midland ON L4R 4P4
705 526-1305
Fax 705 526-9248
www.wendatprograms.com
info@wendatprograms.com

Brief Service Intake Form

Please fax a signed consent form to 705 526-9248 Consent Provided? ☐ yes ☐No

Referral Date: _____ Referral Source:_____

Referral Source Phone #:_____Email:_____

Client First Name:_____ Middle Name: _____

Last Name:_____ Alias:_____

Health Card #:_____ DOB:_____

Phone #: _____ Alternate phone # _____

May we leave a message? ☐ Yes ☐ No

CURRENT ADDRESS: _____

Language Spoken at Birth:_____ Preferred Language:_____

Cultural Identification ☐ Indigenous ☐ Metis ☐Other_____

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other_____ ☐ prefer not to say

Marital Status: ☐ single ☐ married ☐ common law

Who do you live with: ☐ spouse ☐ adult children ☐ dependent children ☐ other_____

Education (highest level completed):_____

Mental Health Diagnosis: _____

GP:_____ Psychiatrist:_____

Other service providers you are connected with: _____

_____

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Reason(s) for requesting support:

Income Source:_____ Total monthly income:_____

Special Considerations (mobility issues, literacy issues, medical issues etc.)

Risk Factors (substance abuse, legal issues, risk to self or others etc.):

Additional Comments:_____