

Association canadienne pour la santé mentale

COAST Prevention Alert

Fax: 905-315-9125

or

Crisis Line: 1-877-825-9011

Alert Date (yy/mm/dd): Time: am pm Note: ALERTS will not be processed between 8pm – 8am Health Card Number:	COAST Mobile Visit Telephone contact BSO Burlington FYI	
Surname: Given Name:	DOB (dd/mm/yy):	Alias(es)
Street Address:	City: PC:	
Telephone #:	Gender/ Pronouns	
G.P. Name:	G.P. Phone #:	
Psychiatrist Name:	Psychiatrist Phone #:	
Next of Kin:	Next of Kin Phone #:	
Number of Emergency Room visits in past 1 year:	Nature of hospitalizations: (i.e. substance use/MH related)	
Diagnosis:	Last Hospitalization: Where hospitalized:	
History of Substance Abuse: Yes O NoO Details:		
Currently Suicidal: Yes O NO	Currently Violent: Yes O NoO	
Details:	Details:	
Date and details of previous suicide attempts:	Date and details of previous violence:	
Presenting Problems/Concerns: (include hallucinations, delusions, paranoia etc.)		
Physical Disabilities:	Allergies:	
Current Medications:		
Physical Description:		
Additional Information:		
Person/Agency Issuing Alert:		
Phone #:	Fax #:	
~Please Call to Ensure Fax is Received~		