

## COAST NIAGARA INTAKE ALERT

**Phone: 1-800-263-4944**

**Fax: 905-732-5966**



Alert Date: (yy.mm.dd)	Time:	am pm	Mobile Visit Requested <input type="checkbox"/> Telephone Contact <input type="checkbox"/> FYI <input type="checkbox"/>
Client Surname: Given Name:			DOB: ____/____/____ (dd.mm.yr) Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			City:
Telephone #:			Postal Code:
Next of Kin:			Next of Kin Phone #:
Family Status: (blended family, biological parents, single parent, etc.)			
G.P./Pediatrician Name:			G.P. Phone #:
Psychiatrist Name:			Psychiatrist Phone#:
Medications:			
Diagnosis (Medical/Psychiatric):			
History of Substance Abuse: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:			
Currently Suicidal: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:		Currently Violent: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	
Date and details of previous suicide attempts:		Date and details of previous violence:	
Current Mental Status: (include mood, behaviour, withdrawal, aggression, etc.)			
Family Dynamics/Stressors: (consider family psychiatric/violence issues)			
Agencies involved with client/family:			
Special Considerations: (include suggestions for team response)			
Person/Agency Issuing Alert/Intake:			Phone #: Fax #:
Client is aware of this Alert/Intake: Yes <input type="checkbox"/> No <input type="checkbox"/>		Instructions: FAX to COAST 905-732-5966 Business Line (9-5 Monday to Friday) 289-820-7748	