

<b>Alert Date: (dd/mm/yy)</b>	<b>Time:</b>	FYI
	am	Telephone Contact
	pm	Mobile Visit Requested

**Is the Client aware of this referral?** **Yes** **No**

<b>Client Surname:</b>	<b>DOB (dd/mm/yy):</b>	<b>Gender</b>
<b>Given Name:</b>		M                  F
<b>Street Address:</b>	<b>City:</b>	<b>PC:</b>
<b>Telephone #:</b>	<b>Alias(es):</b>	
<b>G.P. Name:</b>	<b>G.P. Phone #:</b>	
<b>Psychiatrist Name:</b>	<b>Psychiatrist Phone#:</b>	
<b>Next of Kin:</b>	<b>Next of Kin Phone #:</b>	
<b>Number of Emergency Room visits in past 1 year:</b>	<b>Nature of hospitalizations (i.e. substance use/mental health related):</b>	
<b>Diagnosis:</b>	<b>Last Hospitalization:</b>	
	<b>Where hospitalized:</b>	
<b>History of Substance Abuse:</b> Yes          No <b>Details:</b>		
<b>Currently Suicidal:</b> Yes          No  <b>Details:</b>	<b>Currently Violent:</b> Yes          No  <b>Trigger:</b>  <b>Details:</b>	
<b>Date and details of previous suicide attempts:</b>	<b>Date and details of previous violence:</b>	
<b>Presenting Problems/Concerns (include hallucinations, delusions, paranoia etc.)</b>		
<b>Physical Disabilities:</b>	<b>Allergies:</b>	
<b>Current Medications:</b>		
<b>Physical Description:</b>		
<b>Additional Information: (Ex. Other services involved, criminal justice involvement, etc.)</b>		
<b>Person/Agency Issuing Alert:</b>		
<b>Phone Number:</b>	<b>Fax Number:</b>	

**~Please Call to Ensure Fax is Received~**