Mental Health Services - Intake Form

Full name: _____
DOB: _____ Date: _____
Preferred Contact Number: _____ Family Physician: _____

Please read and initial:

Our services are for adults over the age of 16 years of age.

- We are not a crisis or emergency service. If you are experiencing suicidal thoughts or self-harm thoughts or behaviours, you are asked to present at the emergency department of the Temiskaming Hospital.
- Addiction services in the Timiskaming district are through our local CMHA located at 20 May Street, New Liskeard -705-647-4444
- The mental health services at the Great Northern Family Health Team are based on a short-term program.
- Due to volume, you may switch mental health workers once but then are asked to remain with that worker.

Initial: _____

Give a brief description of what you are looking to address :

_____

Identify by an X which of the following symptom and/or life event _____ you are currently experiencing/managing or have experienced/managed in the past <u>2 months</u>:

- ☐ ADD/ADHD
- ☐ Anger management
- ☐ Anxiety management
- ☐ Bereavement/ Grief
- ☐ Depression
- ☐ Burnout
- ☐ Chronic illness
- ☐ End of life support
- ☐ Financial difficulties
- ☐ Harassment concerns
- ☐ Insomnia
- ☐ Learning difficulties
- ☐ LGBTQ+
- ☐ Life transition (retirement, etc.)
- ☐ Phobias
- ☐ Post-partum depression (PPD)
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Self-esteem
- ☐ Stress management
- ☐ Sexual health issues
- ☐ Victimization
- ☐ Family related issues
- ☐ Couple related issues
- ☐ Trauma
- ☐ Work related issues
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Identify which of the previous checked box is your **<u>primary</u>** issue: _____
Identify which of the previous checked box is your **<u>secondary</u>** issue: _____

Optional: Important information or comments

_____

<u>OFFICE USE ONLY</u>
Booked on: _____ Updates/Comments:
Patient notified: _____