North End COMMUNITY HEALTH CENTRE MOSH

Managed Alcohol Program: Assessment Referral Form

This form can be completed as a self referral or by a referring agency. Please send completed form to map@nechc.com and Astephenson@nechc.com.

Name: Birthdate:	Phone Number:
Current Address:	Family Doctor:
Income Assistance: Y N	IA Worker:
Intensive Case Manager/Housing Support Worker:	Other Support:

Referral Source:	Phone Number:
Email:	Do you support this person on a regular basis?

Alcohol/Substance Use History:

Type of alcohol (including non-beverage):
Amount of Alcohol Consumed daily: Pattern of Consumption (For example, Daily, every two days, binge, steadily throughout the day):
How long have you been drinking heavily?

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Longest period of sobriety? When?
Have you experienced black outs? How often?
Have you experienced a withdrawal seizure? Yes No If yes, when was your last seizure?
Have you experienced Delirium Tremens? Yes No
Other Substance Use: Please list other substance use: (Indicate amount and frequency)

Housing History

Have you spent a total of at least 6 months (180 days) of homelessness over the past year **OR** have had recurrent experiences of homelessness over the past 3 years, with a total of 18 months i.e. shorter periods of homelessness that add up to 18 months? Y N

Emergency Service Usage

Over the last month have you interacted with: ☐ Ambulance ☐ Police ☐ Emergency Department ☐ Mobile Mental Health Crisis Do you currently have any conditions of parole that require you to abstain from alcohol? Y N

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Other Notes:

Client signature: _____ Date:_____