



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@nehc.com and Dinglis@nehc.com .

Name:	Phone Number:
Birthdate:	
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?

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:	
<input type="checkbox"/>	Ambulance
<input type="checkbox"/>	Police
<input type="checkbox"/>	Emergency Department
<input type="checkbox"/>	Mobile Mental Health Crisis
Do you currently have any conditions of parole that require you to abstain from alcohol?	
Y	N



North End
**COMMUNITY
HEALTH CENTRE**
MOSH

Other Notes:

Client signature: _____

Date: _____