REFERRED CARE CLINIC

INITIAL ASSESSMENT

Clinique de prise en charge sur recommandation – Yukon
210, rue Elliott
C.P. 2703 – H-2RCC, Whitehorse (Yukon) Y1A 2C6
Téléphone : 867-668-2552 Télécopieur : 867-668-2565

{Affix General Patient Information Label}

Assessment Date YYYY/MM/DD	Appointment with

Contacts	Location	Contact Number
Emergency contact		
Medical Doctor		
Therapist		
Counsellor		
Other (specify)		

Marital Status

☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced

Sources of Information

☐ Patient ☐ Spouse ☐ Parent ☐ Child ☐ Other Family

☐ EMS ☐ RCMP ☐ Hospital Chart ☐ Other (specify): ____________________

Reason for referral to R.C.C. – Yukon

Patient Community Supports

☐ Adult and Social Services (SA)
☐ Alcohol and Drug Services (ADS)
☐ Second Opinion Society
☐ Blood Ties Four Directions
☐ Family and Children Services
☐ Psychologist
☐ Family Violence Prevention Unit
☐ Mental Health Services
☐ Supported Independent Living
☐ Many Rivers Counselling
☐ Psychiatrist
☐ Victim Services
☐ Peer Support Group
☐ Y.C.D.C.
☐ Referred Care Clinic – Yukon

☐ Other Association: ____________________

Contact Person: ____________________

Medical History

Mental Health History

Trouble with the Law

Substance Use/Abuse

☐ Cigarettes & Nicotine	
☐ Alcohol	
☐ Amphetamine	
☐ Anxiolytic	
☐ Caffeine	
☐ Cannabis	
☐ Cocaine	
☐ Hallucinogen	
☐ Inhalant	
☐ Phencyclidine	
☐ Opioid	
☐ Sedative Hypnotic	
☐ Polysubstance	
☐ Unknown	
☐ OTC Medication	
☐ Other Illicit	
Chemical Dependence Treatment ______________________	

Patient Personal Background	
Social Profile	
Childhood & Family Background	
Initial Assessment	
Education	
Occupation	
Housing	
Financial	
Hobbies & Interests	
Spiritual Support	

Mental Status Exam	
Appearance	
Behaviour	
Attitude	
Speech	
Mood affect	
Thought Process, content	
Perceptual Disorder	
Orientation	
Judgement/Insight	

Plans/Recommendations