



Ontario Common Assessment of Need (OCAN)

Part II: Staff Assessment

(with examples)
v1.0.1

OCAN Staff Assessment

➡ Using OCAN

OCAN is an assessment that helps to capture consumer views as a standard and formal part of their discussions with their health worker(s). It is comprised of 2 parts: the optional consumer self-assessment and the staff worker assessment. Where possible, it is recommended that the consumer be given the opportunity to complete their self-assessment as the first part of the process. Following the consumer self-assessment, you will need to complete the staff worker assessment. Completing both parts of the assessment will enable you and your consumer to have an informative discussion. If you wish, you also have access to a staff assessment without examples for all the questions asked in each domain.

➡ Important points to communicate to your consumer:

Use of consumer responses

The answers consumers provide to questions in OCAN will be used to help them get the support they need. This information may only be used and shared with other agencies if they agree. A consumer may refuse to share any information they wish, and may change their mind at a later time. Choosing not to complete OCAN will not prevent consumers from receiving services.

- Information collected using the self-assessment belongs to them.
- Sharing that information can be an essential part of getting the services they need.
- They decide how and when their information is used and shared with others.

Consumer consent

The agency will provide a consent form to consumers with the OCAN. The consent is the place for them to indicate their desire to use OCAN and how they want their information to be shared with others.

Start Date: _____

Demographics

Service Organization Name:
 Service Organization Number:
 Program Name:
 Program Number:
 Function (MIS Functional Centre):

Name:
 Address:

 Telephone Number: _____ Email Address: _____

 OHIP Number: _____

Reason for Assessment (select one)

- ☐ Initial assessment ☐ (Prior to) discharge
☐ Reassessment at 6 months ☐ Other (significant change, client request)
 Specify _____

Doctor: ☐ Yes ☐ No ☐ None available

Contact information:
 Last seen:

Psychiatrist: ☐ Yes ☐ No ☐ None available

Contact information:
 Last seen:

Other contact:

Contact information:
 Last seen:

Other contact:

Contact information:
 Last seen:

Other agency:

Contact information:
 Last seen:

Service Recipient Location (county, district, municipality):

Service Delivery LHIN:

Service Recipient LHIN:

Date of Birth – Age:

Gender (select one)

- ☐ Female ☐ Male ☐ Other ☐ Unknown ☐ Client declined to answer

Marital Status (select one)

- ☐ Single ☐ Partner or significant other ☐ Separated ☐ Unknown
☐ Married or in common-law relationship ☐ Widowed ☐ Divorced ☐ Client declined to answer

Client Capacity Status (check all that apply)

Does the client have a Power of Attorney for property?

- ☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Client Information:

Does the client have a Power of Attorney or a substitute decision maker for personal care?

- ☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Client Information:

Does the client have a court appointed guardian?

- ☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Client Information:

Who referred you to this service? (select one)

- ☐ General hospital ☐ Family physicians
☐ Psychiatric hospital ☐ Psychiatrists
☐ Other institution ☐ Mental health worker
☐ Community Mental Health and Addiction organization ☐ Criminal justice worker
☐ Other community agencies ☐ Self, family or friend
☐ Other

What culture do you identify with?		
Aboriginal Origin (select one)		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-aboriginal	<input type="checkbox"/> Unknown <input type="checkbox"/> Client declined to answer
Citizenship Status (select one)		
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Temporary resident	<input type="checkbox"/> Unknown
<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Refugee	<input type="checkbox"/> Client declined to answer
Length of time lived in Canada (Number of years/months):		
Can you tell me about your immigration experience?		
Do you have any issues with your immigration experience? (check all that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Experience with war/incarceration/torture	
<input type="checkbox"/> Lack of understanding of the Canadian system/resources	<input type="checkbox"/> Refugee camp	
<input type="checkbox"/> Applying previous work experience/professional qualifications	<input type="checkbox"/> Experience with other trauma	
<input type="checkbox"/> Separation from family members/significant others	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Family left behind in refugee camp	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Client declined to answer	
Experience of Discrimination (check all that apply)		
<input type="checkbox"/> Disability	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Race	<input type="checkbox"/> Unknown
<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Client declined to answer
<input type="checkbox"/> Immigration	<input type="checkbox"/> Sexual orientation	
Service Recipient Preferred Language:		
Language of Service Provision:		
Do you have any legal issues? (select one)		
<input type="checkbox"/> Civil	<input type="checkbox"/> Criminal	<input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Client declined to answer
Legal Status (check all that apply)		
Pre-Charge	Outcomes	
<input type="checkbox"/> Pre-charge Diversion	<input type="checkbox"/> Charges withdrawn	
<input type="checkbox"/> Court Diversion Program	<input type="checkbox"/> Stay of proceedings	
Pre-Trial	<input type="checkbox"/> Awaiting sentence	
<input type="checkbox"/> Awaiting fitness assessment	<input type="checkbox"/> NCR	
<input type="checkbox"/> Awaiting trial (<i>with or without bail</i>)	<input type="checkbox"/> Conditional discharge	
<input type="checkbox"/> Awaiting Criminal Responsibility Assessment (NCR)	<input type="checkbox"/> Conditional sentence	
<input type="checkbox"/> In community on own recognizance	<input type="checkbox"/> Restraining order	
<input type="checkbox"/> Unfit to stand trial	<input type="checkbox"/> Peace bond	
Custody Status	<input type="checkbox"/> Suspended sentence	
<input type="checkbox"/> ORB detained – community access	Other	
<input type="checkbox"/> ORB conditional discharge	<input type="checkbox"/> No legal problem (<i>includes absolute discharge and time served – end of custody</i>)	
<input type="checkbox"/> On parole	<input type="checkbox"/> Unknown	
<input type="checkbox"/> On probation	<input type="checkbox"/> Client declined to answer	
Exit Disposition? (select one if applicable)		
<input type="checkbox"/> Completion without referral	<input type="checkbox"/> Suicides	<input type="checkbox"/> Relocation
<input type="checkbox"/> Completion with referral	<input type="checkbox"/> Death	<input type="checkbox"/> Withdrawal
Comments:		

1. Accommodation*What kind of place do you live in? What sort of place is it?***Staff
Rating****1. Does the person lack a current place to stay?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*Rating Example:

(0) Person manages accommodation independently	(1) Person is living in supportive housing Person receiving informal or formal support to sustain accommodation	(2) Person is "couch surfing" and has been asked to move tomorrow Person is ready for discharge but has no accommodation Person is homeless or living in a hospital	(9) Unknown
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2. How much help with accommodation does the person receive from friends or relatives?Rating Example:

(0) No help from family or friends	(1) Some/occasional help with accessing or improving accommodation, for example: - Peers linked person to an agency for rent subsidy consideration - Person receives family help to fill out forms for accommodation referral	(2) Regular help with accessing or improving accommodation, for example: - Family has helped organize unit this month - Best friend visits and helps with home repair and upkeep	(3) Substantial help with accessing or improving accommodation, for example: - Family pays rent and frequently problem-solves with landlord and neighbours - Person is living with family who oversees all home maintenance without help	(9) Unknown
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3a. How much help with accommodation does the person *receive* from local services?**3b. How much help with accommodation does the person *need* from local services?**Rating Example:

(0) No help from local services	(1) Some/occasional help with accessing or improving accommodation, for example: - Community mental health agency trustee assisting with person direct rent payment service - Person receives start-up funding for accommodation	(2) Regular help with accessing or improving accommodation, for example: - Person receives assistance in getting furniture regularly - Person regularly attends mental health services, learning skills to keep accommodation	(3) Substantial help with accessing or improving accommodation, for example: - Person receives frequent advocacy support around accommodation issues - Person receives frequent help in finding suitable accommodation - Person is living in supervised accommodation	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

Where do you live? (select one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Approved Homes & Homes for Special Care | <input type="checkbox"/> Hostel/shelter | <input type="checkbox"/> Rooming/boarding house |
| <input type="checkbox"/> Correctional/probation facility | <input type="checkbox"/> Long term care facility/nursing home | <input type="checkbox"/> Supportive Housing – Congregate Living |
| <input type="checkbox"/> Domiciliary hostel | <input type="checkbox"/> Municipal non-profit housing | <input type="checkbox"/> Supportive Housing – Assisted Living |
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Private non-profit housing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Psychiatric hospital | <input type="checkbox"/> Private House/Apt. – SR owned/market rent | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other specialty hospital | <input type="checkbox"/> Private House/Apt. – other/subsidized | <input type="checkbox"/> Client declined to respond |
| <input type="checkbox"/> No fixed address | <input type="checkbox"/> Retirement home/senior's residence | |

Do you receive any support? (select one)

- ☐ Independent
 ☐ Supervised non-facility
 ☐ Unknown
☐ Assisted/supported
 ☐ Supervised facility
 ☐ Client declined to answer

Do you live with anyone? (select one)

- ☐ Self
 ☐ Children
 ☐ Non-relatives
☐ Spouse/partner
 ☐ Parents
 ☐ Unknown
☐ Spouse/partner and others
 ☐ Relatives
 ☐ Client declined to answer

2. Food

What kind of food do you eat? Are you able to prepare your own meals and do your own shopping?

**Staff
Rating****1. Does the person have difficulty in getting enough to eat?**

(If rated 0 or 9, go to the next domain)

Rating Example:

(0) Person buys food and cooks meals independently	(1) Person shops with staff and they provide cooking instruction Person lives in boarding home & meals are provided Person uses "meals on wheels" supplemented by family meals	(2) Person does not have food for entire month Person uses food banks, eats at mission services; often hungry	(9) Unknown
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2. How much help with getting enough to eat does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with accessing food, for example: - Person's family provides transportation to grocery store occasionally - Person's friend showed him how to access food bank	(2) Regular help with accessing food, for example: - Person belongs to a group that shops and cooks regularly - Person receives regular family help buying groceries & planning meals	(3) Substantial help with accessing food, for example: - Person lives with family who provides all meals - Person lives in housing where meals are provided	(9) Unknown
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3a. How much help with getting enough to eat does the person *receive* from local services?

3b. How much help with getting enough to eat does the person *need* from local services?

Rating Example:

(0) No help from local services	(1) Some/occasional help with accessing food, for example: - Person sometimes accesses food banks - Worker occasionally provides cooking life skills session	(2) Regular help with accessing food, for example: - Person regularly attends program to cook & take home meals - Worker regularly provides in-home meal preparation & skills teaching	(3) Substantial help with accessing food, for example: - Person is provided all meals by housing facility - Person receives diabetic meals from "meals on wheels" – Mon. through Friday	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

3. Looking after the home

Are you able to look after your home? Does anyone help you?

Staff
Rating

1. Does the person have difficulty looking after the home?

(If rated 0 or 9, go to the next domain)

Rating Example:

(0) Person looks after the home independently	(1) Person has a regularly visiting homemaker Person's family members provide considerable practical help Person's worker prompts and provide regular skills teaching	(2) Person struggles to care for home and has been threatened for eviction	(9) Unknown
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2. How much help with looking after the home does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with looking after home, for example: - Person's family have paid for some housecleaning services - Person's friends provide occasional help when it is requested	(2) Regular help with looking after the home, for example: - Person has a very supportive friend who regularly helps clean - Person's family visits regularly and helps with household tasks	(3) Substantial help with looking after home, for example: - Person lives with family who looks after all household chores	(9) Unknown
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3a. How much help with looking after the home does the person *receive* from local services?

3b. How much help with looking after the home does the person *need* from local services?

Rating Example:

(0) No help from local services	(1) Some/occasional help with looking after home, for example: - Worker provides some house-cleaning assistance - Local services assist with child proofing home	(2) Regular help with looking after the home, for example: - Life skills coach regularly visits	(3) Substantial help with looking after home, for example: - Person has 24-7 on-site assistance - Local services provide complete assistance	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

4. Self-care

Do you have problems keeping clean and tidy? Do you ever need reminding? Who by?

Staff
Rating

1. Does the person have difficulty with self-care?

(If rated 0 or 9, go to the next domain)

Rating Example:

(0) Person is completely independent with self-care	(1) Person working regularly with Occupational Therapist re self-care Person showers at YMCA and does laundry at drop-in centre Person lives with family who provide regular help	(2) Personal hygiene is a threat to health and social acceptance	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

2. How much help with self-care does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with self-care, for example: - Person's friend occasionally helps with laundry; hair washing, etc	(2) Regular help with self-care, for example: - Person receives regular phone call prompts from family - Person's friend visits regularly to provide practical aid	(3) Substantial help with self-care, for example: - Person lives with family and receives substantial assistance	(9) Unknown
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3a. How much help with self-care does the person *receive* from local services

3b. How much help with self-care does the person *need* from local services

Rating Example:

(0) No help from local services	(1) Some/occasional help with self-care, for example: - Worker sometimes helps with individual access to podiatry services - Occupational Therapist assessment completed to determine needs	(2) Regular help with self-care, for example: - Worker regularly assists client with personal care schedule through a series of regular home visits and telephone prompts	(3) Substantial help with self-care, for example: - Person receives substantial contact from home care & visiting nurses - Person lives in a retirement home that attends to all self-care needs	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

5. Daytime activities
How do you spend your day? Do you have enough to do?
Staff Rating
1. Does the person have difficulty with regular, appropriate daytime activities?
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)

Rating Example:

(0) Person independently finds meaningful ways to spend their day	(1) Person included regularly in family activities and enjoys different functions Person regularly working with job coach Person regularly involved with peer group	(2) Person is unable to occupy themselves meaningfully Person dissatisfied and expresses concern Person is afraid to leave their home and is unhappy about the situation	(9) Unknown
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2. How much help does the person receive from friends or relatives in finding and keeping regular and appropriate daytime activities?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with daytime activities, for example: - Person's friends provides encouragement to ride the bus together to the fitness class - Person is occasionally included with family activities	(2) Regular help with daytime activities, for example: - Person involved regularly in church volunteer work - Person enjoys regular social group	(3) Substantial help with daytime activities, for example: - Person's family provides phone prompt every morning to remind person to attend work resulting in satisfactory work attendance	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

3a. How much help does the person *receive* from local services in finding and keeping regular and appropriate daytime activities?

3b. How much help does the person *need* from local services in finding and keeping regular and appropriate daytime activities?

Rating Example:

(0) No help from local services	(1) Some/occasional help with daytime activities, for example: - Person occasionally attends day program	(2) Regular help with daytime activities, for example: - Person receives regular daycare support for children in order to attend educational upgrading	(3) Substantial help with daytime activities, for example: - Person receives substantial help from job coach - ACTT team drives client to job daily	(9) Unknown
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Comments:

Action(s):

By whom:

Review date

What is your current employment status? (select one)

- | | |
|---|---|
| <input type="checkbox"/> Independent/competitive | <input type="checkbox"/> No employment – other activity |
| <input type="checkbox"/> Assisted/supportive | <input type="checkbox"/> Casual/sporadic |
| <input type="checkbox"/> Alternative businesses | <input type="checkbox"/> No employment of any kind |
| <input type="checkbox"/> Sheltered workshop | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Non-paid work experience | <input type="checkbox"/> Client declined to answer |

Are you currently in school? (select one)

- | | |
|--|--|
| <input type="checkbox"/> Not in school | <input type="checkbox"/> Community college |
| <input type="checkbox"/> Elementary/junior high school | <input type="checkbox"/> University |
| <input type="checkbox"/> Secondary/high school | <input type="checkbox"/> Other |
| <input type="checkbox"/> Trade school | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Vocational/training centre | <input type="checkbox"/> Client declined to answer |
| <input type="checkbox"/> Adult education | |

Are you at risk of unemployment or disrupted education? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Difficulty in getting to work/school on time | <input type="checkbox"/> None or not applicable |
| <input type="checkbox"/> Problems/difficulty in work/school | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Looking to quit work/school | <input type="checkbox"/> Client declined to answer |
| <input type="checkbox"/> Frequent changes in work/school | |

6. Physical Health

How well do you feel physically? Are you getting any treatment for physical problems?

**Staff
Rating**

1. Does the person have any physical disability or any physical illness?

(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)

Rating Example:

(0) No physical health problems	(1) Person has high blood pressure – monitored & treated Person has HIV/AIDS – sees a specialist regularly	(2) Person has Type 2 Diabetes and doesn't follow diet or medication regime Person has cardiovascular issues, obesity, and joint pain causing mobility problems and does not follow medical regime	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help /
2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help
3 = High help / 9 = Unknown

2. How much help does the person receive from friends or relatives for physical health problems?

Rating Example:

(0)	(1)	(2)	(3)	(9)
No help from family or friends	Some/occasional help with maintaining physical health, for example: <ul style="list-style-type: none"> - Person's family interpret doctor's instructions after appointments - Person's family reminds client to get periodic lithium level tests - Church volunteer provides person occasional rides to appointments 	Regular help with maintaining physical health, for example: <ul style="list-style-type: none"> - Person's friend provides regular transport & support to attend diabetic clinic 	Substantial help with maintaining physical health, for example: <ul style="list-style-type: none"> - Person's family administers all medication and provides transportation to all appointments - Person's family provides substantial help to manage chronic illness 	Unknown

3a. How much help does the person *receive* from local services for physical health problems?

3b. How much help does the person *need* from local services for physical health problems?

Rating Example:

(0)	(1)	(2)	(3)	(9)
No help from local services	Some/occasional help with maintaining physical health, for example: <ul style="list-style-type: none"> - Worker linked individual to clinic for investigation of fainting spells 	Regular help with maintaining physical health, for example: <ul style="list-style-type: none"> - Person visits Nurse Practitioner regularly - Person regularly visits Registered Nurse who monitors hypertension and provides health teaching 	Substantial help with maintaining physical health, for example: <ul style="list-style-type: none"> - Person has been recently diagnosed with Diabetes and is receiving daily home support services 	Unknown

Comments:

Action(s):

By whom:

Review date:

Medical conditions (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acquired Brain Injury (ABI) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Seizure |
| Specify _____ | Hepatitis | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Communicable health disease | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Vision impairment |
| Diabetes | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 3 | <input type="checkbox"/> Low blood pressure | Specify _____ |
| <input type="checkbox"/> Type 2 <input type="checkbox"/> Other | <input type="checkbox"/> MRSA, C Difficile | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Obesity | <input type="checkbox"/> Client declined to answer |

Do you have any concerns about your physical health?

- ☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

If Yes, please indicate the areas where you have concerns (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Head and neck | <input type="checkbox"/> Genital/urinary | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Skin | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Joints | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Extremities (arms, legs, hands, feet) | <input type="checkbox"/> Mobility | <input type="checkbox"/> Other _____ |

List of all current medications (including prescribed and alternative/over the counter medication)											
	Medication	Dosage	Taken as prescribed?			Help is provided?			Help is needed?		
1			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Medications – additional information:
Reports side effects? (select one)
☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Do these side effects affect your daily living? (select one)
☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Description of side effects (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Fast heart beat | <input type="checkbox"/> Numbness / tingling |
| <input type="checkbox"/> Blurred / dimmed vision | <input type="checkbox"/> Gastrointestinal distress | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Changes in appetite | <input type="checkbox"/> Headache | <input type="checkbox"/> Sexual disturbance |
| <input type="checkbox"/> Dizziness / spinning | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Tremors / rigidity / balance problems |
| <input type="checkbox"/> Drowsiness / sedation | <input type="checkbox"/> Menstrual changes | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Milky discharge from breasts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fatigue / weakness | <input type="checkbox"/> Muscle spasms | |

7. Psychotic symptoms
Do you ever hear voices, or have problems with your thoughts? Are you on any medication or injections? What is it for?
**Staff
Rating**
1. Does the person have any psychotic symptoms?
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)

Rating Example:

(0) Person has no psychotic symptoms or is independently managing them	(1) Person's symptoms are well controlled by medications Person's symptoms are distressing but manageable due to medication being taken consistently	(2) Person experiences intense positive symptoms and requires help Person requires frequent re-admissions to service due to unmanageable psychotic symptoms Client highly disorganized, forgets medications and is quite confused	(9) Unknown
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2. How much help does the person receive from friends or relatives for these psychotic symptoms?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help managing psychotic symptoms, for example: - Occasional phone calls from friends who promote adherence to medication - Person's family provides some transportation to attend appointments	(2) Regular help managing psychotic symptoms, for example: - Person's family regularly visits to monitor symptoms	(3) Substantial help managing psychotic symptoms, for example: - Person's friends drop in daily to offer support	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

3a. How much help does the person *receive* from local services for these psychotic symptom

3b. How much help does the person *need* from local services for these psychotic symptoms

Rating Example:

(0) No help from local services	(1) Some/occasional help managing psychotic symptoms, for example: - Person has occasional contact with psychiatrist - Worker provides some coaching and support regarding coping strategies	(2) Regular help managing psychotic symptoms, for example: - Person receives regular support from staff monitoring condition - Person attends day program regularly	(3) Substantial help managing psychotic symptoms, for example: - Person is experiencing first episode psychosis and is admitted to acute care - ACT team provides substantial in-home medication support to person	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

Psychiatric history

Have you been hospitalized due to your mental health during the past two years? (Select one)

☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

If Yes, Total Number of Hospitalization Days (last two years):

Total Number of Admissions (last two years):

Community Treatment Order

☐ Issued CTO ☐ No CTO ☐ Unknown ☐ Client declined to answer

Psychiatric History – additional information:

Symptom checklist

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Guilt/shame | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Abnormal affect | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Rapid mood changes |
| <input type="checkbox"/> Abnormal thought process/form | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Reliving traumatic memories |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Self-deprecation |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Inability to experience joy/pleasure | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Command hallucinations | <input type="checkbox"/> Inflated self-worth | <input type="checkbox"/> Tearfulness |
| <input type="checkbox"/> Compulsive behaviour | <input type="checkbox"/> Intrusive thoughts | <input type="checkbox"/> Unusual or abnormal physical movements |
| <input type="checkbox"/> Decreased energy | <input type="checkbox"/> Irritability | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Other |
| <input type="checkbox"/> Episodes of panic | <input type="checkbox"/> Phobias | Specify _____ |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Pressured speech | |

8. Information on condition and treatment

Have you been given clear information about your medication or other treatment? How helpful has the information been?

Staff
Rating

1. Has the person had clear verbal or written information about condition and treatment?

(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)

Rating Example:

(0) Person has a good understanding of their illness and its treatment	(1) Nurse practitioner provides a review and reinforcement of information Psychiatrist provides regular updates Worker provides regular reassurance and renewed explanations	(2) Person is not able to retain any information Person is admitted to hospital because not understanding medication or treatment	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help /
2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help
3 = High help / 9 = Unknown

2. How much help does the person receive from friends or relatives in obtaining such information?

Rating Example:

(0)	(1)	(2)	(3)	(9)
No help from family or friends	Some/occasional help with information on condition and treatment, for example: - Family helps person to understand condition and keep file of pamphlets	Regular help with information on condition and treatment, for example: - Peers meet regularly for information purposes	Substantial help with information on condition and treatment, for example: - Family attends all client appointments as well as family education sessions to reinforce health teaching with person - Friend obtains and organizes all information about person's condition and keeps him/her informed	Unknown

3a. How much help does the person *receive* from local services in obtaining such information?

3b. How much help does the person *need* from local services in obtaining such information?

Rating Example:

(0)	(1)	(2)	(3)	(9)
No help from local services	Some/occasional help with information on condition and treatment, for example: - Agency provides person with pamphlets and video - Psychiatrist provides person with information about medications	Regular help with information on condition and treatment, for example: - ACTT staff provide person with regular health teaching	Substantial help with information on condition and treatment, for example: - Person receives intensive psycho-educational program - Person receives substantial education around relapse prevention	Unknown

Comments:

Action(s):

By whom:

Review date:

Diagnostic categories (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adjustment Disorders | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Schizophrenia and other psychotic disorders |
| <input type="checkbox"/> Delirium, Dementia, and Amnesic and Cognitive Disorders | <input type="checkbox"/> Sexual and Gender Identity Disorders |
| <input type="checkbox"/> Disorder of Childhood/Adolescence | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Somatoform Disorders |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Substance Related Disorders |
| <input type="checkbox"/> Factitious Disorders | <input type="checkbox"/> Developmental Handicap |
| <input type="checkbox"/> Impulse Control Disorders not elsewhere classified | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Mental Disorders due to General Medical Conditions | <input type="checkbox"/> Client declined to answer |
| <input type="checkbox"/> Mood Disorder | |

Other Illness Information (check all that apply)

- ☐ Concurrent Disorder (substance abuse)
☐ Dual Diagnosis (developmental disability)
☐ Other chronic illnesses and/or physical disabilities

9. Psychological distress*Have you recently felt very sad or low? Have you felt overly anxious or frightened?***Staff
Rating****1. Does the person suffer from current psychological distress?****(If rated 0 or 9, go to the next domain)**Rating Example:

(0) Person has no psychological distress or independently manages it	(1) Person is distressed but lives in 24 hour Group Home and relies on staff for reassurances	(2) Person describes very distressing hallucinations to therapist Person is distressed and alternates between calling the distress centre nightly & going to the Emergency Room Person's 12 kg. weight loss and insomnia appear to be linked to anxiety	(9) Unknown
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2. How much help does the person receive from friends or relatives for this distress?Rating Example:

(0) No help from family or friends	(1) Some/occasional help with psychological distress, for example: - Family calls occasionally to check in with person - Spiritual leader occasionally drops in to visit person	(2) Regular help with psychological distress, for example: - Friends regularly discuss coping mechanisms - Person receives regular supportive phone calls from family	(3) Substantial help with psychological distress, for example: - Person reports meeting with church friends frequently for this purpose - Friends meet frequently to manage stressful feelings	(9) Unknown
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3a. How much help does the person *receive* from local services for this distress?**3b. How much help does the person *need* from local services for this distress?**Rating Example:

(0) No help from local services	(1) Some/occasional help with psychological distress, for example: - Person attends "Hearing Voices" coping strategies support group - Person receiving cognitive behavioral therapy occasionally for anxiety	(2) Regular help with psychological distress, for example: - Person linked to Rape Crisis Centre after disclosure for regular therapy - Person regularly attends support group and therapist regarding gender transition	(3) Substantial help with psychological distress, for example: - Person meets with ACTT and trauma specialist frequently - Person receives ACTT services daily to cope with anxiety	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

10. Safety to self

Do you ever have thoughts of harming yourself, or actually harm yourself? Do you put yourself in danger in other ways?

**Staff
Rating**

1. Is the person a danger to him or herself?

(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)

Rating Example:

(0) Person is not at risk of self-harm	(1) Person has occasional thoughts of harming self, accesses crisis line Person accesses crisis bed when thoughts of self-harm are overwhelming Lives in a 24/7 supportive environment and accesses help when wanted	(2) Person has been assessed as high risk to self-harm High risk to self by wandering into traffic Person has been hospitalized repeatedly for self mutilation	(9) Unknown
--	--	--	-----------------------

2. How much help does the person receive from friends or relatives to reduce the risk of self-harm?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help to reduce the risk of self-harm, for example: - Person calls friends when feeling unsafe - Person calls family members as necessary	(2) Regular help to reduce the risk of self-harm, for example: - Family monitor risk of harm regularly - Friends provide emotional support regularly	(3) Substantial help to reduce the risk of self-harm, for example: - Person calls on family member nightly - Friends rotate in providing company to monitor risk of harm	(9) Unknown
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3a. How much help does the person *receive* from local services to reduce the risk of self-harm?

3b. How much help does the person *need* from local services to reduce the risk of self-harm?

Rating Example:

(0) No help from local services	(1) Some/occasional help to reduce the risk of self-harm, for example: - Person has a crisis plan on file with Case Manager - Person calls crisis line when necessary	(2) Regular help to reduce the risk of self-harm, for example: - Person accesses Mobile Crisis Team regularly - Person receives therapy regularly	(3) Substantial help to reduce the risk of self-harm, for example: - Person receives frequent risk assessment by ACTT Team - Person receives Intensive Case Management	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

Have you attempted suicide in the past? (select one)

☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Do you currently have suicidal thoughts? (select one)

☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Do you have any concerns for your own safety? (select one)

☐ Yes ☐ No ☐ Unknown ☐ Client declined to answer

Risks (select all that apply)

☐ Abuse/neglect ☐ Exploitation risk
☐ Accidental self-harm ☐ Other _____
☐ Deliberate self-harm

11. Safety to others

Do you think you could be a danger to other people's safety? Do you ever lose your temper and hit someone?

**Staff
Rating****1. Is the person a current or potential risk to other people's safety?***(If rated 0 or 9, go to the next domain)*Rating Example:

(0) Person does not pose a risk to others	(1) Person was charged with assault 10 years prior and continues to attend anger management classes Person accesses crisis bed when thoughts of violence are overwhelming	(2) Person has breached probation on assault charges Person is a high risk to family who are now in a shelter Person is a convicted pedophile with constant thoughts	(9) Unknown
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2. How much help does the person receive from friends or relatives to reduce the risk that he or she might harm someone else?Rating Example:

(0) No help from family or friends	(1) Some/occasional help managing risk of harm to others, for example: - Person occasionally calls family members to talk things out	(2) Regular help managing risk of harm to others, for example: - Person's family regularly monitors emotional state - Person's friends regularly provide emotional support	(3) Substantial help managing risk of harm to others, for example: - Person's friends rotate in providing company to monitor risk of harm to others - Person's family frequently monitors emotional state	(9) Unknown
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3a. How much help does the person *receive* from local services to reduce the risk that he or she might harm someone else?**3b. How much help does the person *need* from local services to reduce the risk that he or she might harm someone else?**Rating Example:

(0) No help from local services	(1) Some/occasional help managing risk of harm to others, for example: - Person has a crisis plan on file with Case Manager - Person calls crisis line when necessary	(2) Regular help managing risk of harm to others, for example: - Person accesses Mobile Crisis Team regularly - Person has regular appointments with Case Manager	(3) Substantial help managing risk of harm to others, for example: - Person receives frequent risk assessment by ACTT Team - Person receives Intensive Case Management	(9) Unknown
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Comments:

Action(s):

By whom:

Review date

12. Alcohol

Does drinking cause you any problems? Do you wish you could cut down your drinking?

**Staff
Rating****1. Does the person drink excessively, or have a problem controlling his or her drinking?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*

Rating Example:

(0) Person has no problem with alcohol	(1) Harm Reduction interventions have been effective Person has been a successful member of AA for 10 years Person is living in a group home where alcohol is not allowed	(2) Person has been diagnosed with liver disease and is still drinking Person continually spends rent and food money on alcohol, eviction pending Person has been hospitalized repeatedly for alcohol poisoning	(9) Unknown
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2. How much help does the person receive from friends or relatives for this drinking?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with issues around alcohol, for example: - Person's friend provides occasional rides to group therapy - Person's family members lend support when asked	(2) Regular help with issues around alcohol, for example: - Person's family regularly monitor access to alcohol - Person's friend regularly provides emotional support	(3) Substantial help with issues around alcohol, for example: - Person calls on family member nightly for counselling - Person's friends rotate in providing company to reduce the risk of drinking - Person's family manages money and access to alcohol	(9) Unknown
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3a. How much help does the person *receive* from local services for this drinking?**3b. How much help does the person *need* from local services for this drinking?**

Rating Example:

(0) No help from local services	(1) Some/occasional help with issues around alcohol, for example: - Person has appointments with harm reduction counselor when necessary	(2) Regular help with issues around alcohol, for example: - Person lives in "dry" Group Home - Person receives regular therapy from Case Manager	(3) Substantial help with issues around alcohol, for example: - Person admitted to residential concurrent disorders program - Person is receiving daily visits around medication regime	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

How often do you drink alcohol (i.e. number of drinks)?

___ drinks monthly ___ drinks weekly ___ drinks 2-3 times weekly ___ drinks daily

Indicate the stage of change client is at – Optional (select one)
☐ Precontemplation ☐ Contemplation ☐ Action ☐ Maintenance ☐ Relapse Prevention
How has drinking had an impact on your life?
NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help /
2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help
3 = High help / 9 = Unknown

13. Drugs

Do you take drugs that aren't prescribed? Are there any drugs you would find hard to stop taking?

**Staff
Rating****1. Does the person have problems with drug misuse?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*Rating Example:

(0) Person has no problem with drugs	(1) Person has been previously addicted to drugs but has been clean for years with the help of Narcotics Anonymous Group Person is on a supervised Methadone program	(2) Person uses rent money to buy street drugs Person has a severe cocaine addiction that has caused often hospitalization	(9) Unknown
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2. How much help with drug misuse does the person receive from friends or relatives?Rating Example:

(0) No help from family or friends	(1) Some/occasional help with issues around drug misuse, for example: - Person calls friends who are clean when feeling unsafe - Person calls family members as necessary	(2) Regular help with issues around drug misuse, for example: - Person's family provide motivation to stay clean regularly - Person's friend provides emotional support regularly	(3) Substantial help with issues around drug misuse, for example: - Person calls on friends daily for support - Person's family ensures no available money to buy drugs	(9) Unknown
--	---	---	---	-----------------------

3a. How much help with drug misuse does the person *receive* from local services?**3b. How much help with drug misuse does the person *need* from local services?**Rating Example:

(0) No help from local services	(1) Some/occasional help with issues around drug misuse, for example: - Person has occasional visits with Case Manager - Person calls nurse at the clinic when necessary	(2) Regular help with issues around drug misuse, for example: - Person uses methadone regularly - Person visits Harm Reduction Therapist regularly	(3) Substantial help with issues around drug misuse, for example: - Person receives daily risk assessment by ACTT Team - Person is currently in residential treatment program	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

Which of the following drugs have you used? (check all that apply)

Past 6 months

Ever

Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine, crack	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (e.g. LSD, PCP)	<input type="checkbox"/>	<input type="checkbox"/>
Stimulants (e.g. amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (e.g. heroin)	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives (not prescribed or not taken as prescribed e.g. Valium)	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-counter	<input type="checkbox"/>	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Has the substance been injected?	<input type="checkbox"/>	<input type="checkbox"/>

NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help /
2 = Serious problem / 9 = Not known**HELP** (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help
3 = High help / 9 = Unknown

Indicate the stage of change client is at – Optional (select one)

☐ Precontemplation

☐ Contemplation

☐ Action

☐ Maintenance

☐ Relapse Prevention

How has the substance(s) of choice had an impact on your life?

14. Other addictions

Do you have an addiction? Is your addiction a problem?

Staff
Rating

1. Does the person have problems with addictions?

(If rated 0 or 9, go to the next domain)

Rating Example:

(0)

Person has no addictions

(1)

Person has gambling addiction and uses support group to deal with problem

(2)

Person unable to stop using internet porn sites and has lost job and wife
Person is presently charged with shop lifting and is at high risk of being jailed again

(9)

Unknown

2. How much help with addictions does the person receive from friends or relatives?

Rating Example:

(0)

No help from family or friends

(1)

Some/occasional help with addiction issues, for example:
- Person calls friends when feeling unsafe
- Person calls family members as necessary

(2)

Regular help with addiction issues, for example:
- Person's family monitors activities and access to the internet regularly
- Person's friends provide rides to support group regularly

(3)

Substantial help with addiction issues, for example:
- Person calls on family member nightly for support
- Person's family paying for treatment

(9)

Unknown

3a. How much help with addictions does the person receive from local services?

3b. How much help with addictions does the person need from local services?

Rating Example:

(0)

No help from local services

(1)

Some/occasional help with addiction issues, for example:
- Person occasionally meets with Case Manager to manage compulsions
- Person calls crisis line when necessary

(2)

Regular help with addiction issues, for example:
- Person accesses Mobile Crisis Team regularly
- Person attends individual and group therapy regularly

(3)

Substantial help with addiction issues, for example:
- Person receives daily monitoring by ACTT Team
- Person admitted to residential treatment home

(9)

Unknown

Comments:

Action(s):

By whom:

Review date:

Type of addiction (check all that apply)

☐ Gambling

☐ Nicotine

☐ Other _____

Indicate the stage of change client is at – Optional (select one)

☐ Precontemplation

☐ Contemplation

☐ Action

☐ Maintenance

☐ Relapse Prevention

How has the addiction had an impact on your life?

15. Company

Are you happy with your social life? Do you wish you had more contact with others?

**Staff
Rating****1. Does the person *need* help with social contact?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*Rating Example:

(0) Person has no problem with social life	(1) Person has regular access to social outings through friends Person accesses social contacts through peer group and arranged social activities	(2) Person is isolated at home with no social contacts	(9) Unknown
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2. How much help with social contact does the person receive from friends or relatives?Rating Example:

(0) No help from family or friends	(1) Some/occasional with social contact, for example: - Person occasionally calls friends when wanting company - Person calls family members as necessary	(2) Regular help with social contact, for example: - Person participates in weekend gatherings with family members - Person regularly attends social club activities	(3) Substantial help with social contact, for example: - Persons has contact with family members several times per day - Friends invite person over or drop by daily	(9) Unknown
--	---	--	--	-----------------------

3a. How much help does the person *receive* from local services in organizing social contact?**3b. How much help does the person *need* from local services in organizing social contact?**Rating Example:

(0) No help from local services	(1) Some/occasional help with social contact, for example: - Person attends recreational program as wanted - Person invited to social activities sponsored by local services	(2) Regular help with social contact, for example: - Person regularly attends a social rehabilitation program - Person regularly helps to coach hockey teams with Case Manager	(3) Substantial help with social contact, for example: - Person receives Intensive Case Manager services to bring out social contacts	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

Have there been any changes to your social patterns recently?
☐ Yes

 ☐ No

 ☐ Unknown

 ☐ Client declined to answer

16. Intimate relationships**Staff
Rating***Do you have a partner? Do you have problems in your partnership/marriage?***1. Does the person have any difficulty in finding a partner or in maintaining a close relationship?***(If rated 0 or 9, go to the next domain)*Rating Example:

(0) Person has no problems maintaining intimate relationship	(1) Person identifies problems in partnership with help from therapist	(2) Person desires major changes in present relationship and unsure how to proceed Person has no intimate relationship which causes feelings of loneliness	(9) Unknown
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2. How much help with forming and maintaining close relationships does the person receive from friends or relatives?Rating Example:

(0) No help from family or friends	(1) Some/occasional help with forming and maintaining intimate relationships, for example: - Person receives some/occasional help from family to solve relationship issues	(2) Regular help with forming and maintaining intimate relationships, for example: - Person receives regular assistance from friends in setting boundaries with others - Person participates in regular social activities with best friend	(3) Substantial help with forming and maintaining intimate relationships, for example: - Pastor provides frequent relationship counselling	(9) Unknown
--	---	--	---	-----------------------

3a. How much help with forming and maintaining close relationships does the person *receive* from local services?**3b. How much help with forming and maintaining close relationships does the person *need* from local services?**Rating Example:

(0) No help from local services	(1) Some/occasional help with forming and maintaining intimate relationships, for example: - Person attends agency sponsored social events to meet new people services	(2) Regular help with forming and maintaining intimate relationships, for example: - Person attends anger management therapy and social skills counselling regularly	(3) Substantial help with forming and maintaining intimate relationships, for example: - Person receives substantial help in developing and implementing a plan to promote healthy	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

17. Sexual expression**Staff
Rating***How is your sex life?***1. Does the person have problems with his or her sex life?***(If rated 0 or 9, go to the next domain)*Rating Example:

(0) Person is satisfied with sex life	(1) Person receiving health teaching about erectile dysfunction Person and partner in counselling regarding communication, intimacy, sexuality	(2) Person engages in high-risk sexual behaviours	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known**HELP (Q2 and 3a/b):** 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

2. How much help with problems in his or her sex life does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with sexual expression, for example: - Person linked to community health clinic by a friend - Person occasionally talks with family member about his sexual frustration	(2) Regular help with sexual expression, for example: - Person's partner attended several appointments to investigate causes of erectile dysfunction	(3) Substantial help with sexual expression, for example: - Family paying for sex therapist	(9) Unknown
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3a. How much help with problems in his or her sex life does the person *receive* from local services?

3b. How much help with problems in his or her sex life does the person *need* from local services?

Rating Example:

(0) No help from local services	(1) Some/occasional help with sexual expression, for example: - Person occasionally visits psychiatrist to discuss side effects and alternative medications	(2) Regular help with sexual expression, for example: - Person regularly attends health teaching provided by agency - Person regularly attends marital counselling regarding sexual issues in relationship	(3) Substantial help with sexual expression, for example: - Person receiving daily monitoring around impulse control associated with psychosis - Person receiving daily monitoring around use of Depo medication	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

18. Child care
**Staff
Rating**
Do you have any children under 18? Do you have any difficulty in looking after them?
1. Does the person have difficulty looking after his or her children?
(If rated 0 or 9, go to the next domain)

Rating Example:

(0) Person has no problem with child care	(1) Person enrolled in clinic's parent effectiveness training program Worker provides teaching, supervision & support to new mom Worker provides child care instruction	(2) Children identified as at risk and supervised by Children's Aid Society Person currently unable to care for children	(9) Unknown
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2. How much help with looking after the children does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with child care, for example: - Person attends "parents without partners" support group occasionally - Family provides occasional child care	(2) Regular help with child care, for example: - Person receives parenting instruction, childcare and emotional support from family on a regular basis - Friends regularly provide care for children	(3) Substantial help with child care, for example: - Person lives with family who provide daily childcare	(9) Unknown
--	---	--	--	-----------------------

NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

3a. How much help with looking after the children does the person *receive* from local services?

3b. How much help with looking after the children does the person *need* from local services?

Rating Example:

(0) No help from local services	(1) Some/occasional help with child care, for example: - Person receives occasional health care for both herself and child - Worker links mom and child to community centre	(2) Regular help with child care, for example: - Person receives subsidized day care to support vocational needs	(3) Substantial help with child care, for example: - Person receives frequent ACTT in-home visits to monitor parenting skills - Person receives frequent counselling related to plans to regain custody of children	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

19. Other dependents

Do you have any dependents other than children under 18, such as an elderly parent or beloved pet?
Do you have any difficulty in looking after them?

Staff
Rating

1. Does the person have difficulty looking after other dependents?

(If rated 0 or 9, go to the next domain)

Rating Example:

(0) Person has no dependent or has no problem caring for dependent	(1) Person receives support for respite time Worker provides counselling and coping strategies	(2) Person currently unable to care for dependent	(9) Unknown
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2. How much help with looking after other dependents does the person receive from friends or relatives?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with care for dependent, for example: - Person's friends occasionally provide care for dependent	(2) Regular help with care for dependent, for example: - Person's family regularly provide care for dependent	(3) Substantial help with care for dependent, for example: - Person lives with family who provide daily care for dependent	(9) Unknown
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3a. How much help with looking after other dependents does the person *receive* from local services?

3b. How much help with looking after other dependents the person *need* from local services?

Rating Example:

(0) No help from local services	(1) Some/occasional help with care for dependent, for example: - Worker links person to support group	(2) Regular help with care for dependent, for example: - Person receives subsidized respite care to support vocational needs	(3) Substantial help with care for dependent, for example: - Person receives frequent ACTT in-home visits to monitor coping	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

20. Basic education

Do you have difficulty in reading, writing, speaking or understanding English? Any other languages?

**Staff
Rating****1. Does the person lack basic skills in numeracy and literacy?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*

Rating Example:

(0)

Person has no problems with numeracy and literacy

(1)Person receives help to pay all bills and read all correspondence
Person attending volunteer run literacy program at neighbourhood library**(2)**

Person routinely exploited by peers & some businesses due to lack of literacy and numeracy skills

(9)

Unknown

2. How much help with numeracy and literacy does the person receive from friends or relatives?

Rating Example:

(0)

No help from family or friends

(1)Some/occasional help with numeracy and literacy, for example:
- Person receives occasional help from friend to learn to read
- Person is referred to literacy group by family**(2)**Regular help with numeracy and literacy, for example:
- Person regularly receives bill payment and banking assistance from family**(3)**Substantial help with numeracy and literacy, for example:
- Person's partner takes care of all matters requiring these skills**(9)**

Unknown

3a. How much help with numeracy and literacy does the person *receive* from local services?**3b. How much help with numeracy and literacy does the person *need* from local services?**

Rating Example:

(0)

No help from local services

(1)Some/occasional help with numeracy and literacy, for example:
- Worker arranged for volunteer to provide some occasional assistance and training**(2)**Regular help with numeracy and literacy, for example:
- Worker regularly provides help around paying bills, shopping and banking**(3)**Substantial help with numeracy and literacy, for example:
- Frequent encouragement and assistance from Case Manager for person to attend educational upgrading
- Person attends daily English as a Second Language training at local community college**(9)**

Unknown

Comments:

Action(s):

By whom:

Review date:

What is your highest level of education? (select one)☐ No formal schooling☐ Some Elementary/Junior High School☐ Elementary/Junior High School☐ Some Secondary/High School☐ Secondary/High School☐ Some College/University☐ College/University☐ Unknown☐ Client declined to answer

21. Telephone**Staff
Rating***Do you know how to use a telephone? Is it easy to find one that you can use?***1. Does the person have any difficulty in getting access to or using a telephone?****(If rated 0 or 9, go to the next domain)**Rating Example:**(0)**

Person independently manages use of telephone

(1)Person lives in a group home with access to a communal telephone
Person receives coaching to address misuse of telephone**(2)**Person has no reliable access to a telephone
Phone company will not provide service due to past history**(9)**

Unknown

2. How much help does the person receive from friends or relatives to make telephone calls?Rating Example:**(0)**

No help from family or friends

(1)Some/occasional assistance with telephone use, for example:
- Family provides one time security deposit to hook up telephone
- Family occasionally provides person with a calling card**(2)**Regular assistance with telephone use, for example:
- Person goes across hall to regularly use friend's phone for local calls
- Family regularly takes messages on behalf of person**(3)**Substantial assistance with telephone use, for example:
- Person lives with family who pay all bills and provide with a private phone**(9)**

Unknown

3a. How much help does the person *receive* from local services to make telephone calls?**3b. How much help does the person *need* from local services to make telephone calls?**Rating Example:**(0)**

No help from local services

(1)Some/occasional assistance with telephone use, for example:
- Person living in group home and occasionally uses phone in private office
- Person receives coaching from Case Manager around use of telephone book**(2)**Regular assistance with telephone use, for example:
- Worker regularly provides coaching around use of crisis line**(3)**Substantial assistance with telephone use, for example:
- ACTT frequently monitors person's compulsive cell phone use**(9)**

Unknown

Comments:

Action(s):

By whom:

Review date:

22. Transport**Staff
Rating***Do you have access to transportation? Do you have access to other affordable transportation methods?***1. Does the person have any problems using public transport?***(If rated 0 or 9, go to the next domain)*Rating Example:

(0) Person travels without help	(1) Person receives special transport allowance Person receives effective bus training from worker that results in independent use of transit	(2) Person is unable to use public transport due to psychosis Person with acquired brain injury is unable to learn transit system Person is homebound and is without access to public transit with no available alternatives	(9) Unknown
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2. How much help with travelling does the person receive from friends or relatives?Rating Example:

(0) No help from family or friends	(1) Some/occasional assistance to travel, for example: - Family provided money to purchase a monthly bus pass	(2) Regular assistance to travel, for example: - Person regularly travels with family for safety - Person's friends regularly provide rides	(3) Substantial assistance to travel, for example: - Person's family meet all transportation needs	(9) Unknown
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3a. How much help with travelling does the person *receive* from local services?**3b. How much help with travelling does the person *need* from local services?**Rating Example:

(0) No help from local services	(1) Some/occasional assistance to travel, for example: - Worker arranged for monthly bus pass for person	(2) Regular assistance to travel, for example: - Worker provides regular transportation to rehabilitation appointments	(3) Substantial assistance to travel, for example: - Person requires wheelchair and frequently accesses para-transport services	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

23. Money**Staff
Rating***How do you find budgeting your money? Do you manage to pay your bills?***1. Does the person have problems budgeting his or her money?***(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)*Rating Example:

(0) Person has no money problems	(1) Person receives money management services through a trustee arrangement	(2) Person's inability to pay rent leads to loss of housing Person often has no money for essentials	(9) Unknown
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2. How much help does the person receive from friends or relatives in managing his or her money?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help with money, for example: - Person without a bank account and receives occasional family help to cash cheques	(2) Regular help with money, for example: - Person's family regularly supplement income	(3) Substantial help with money, for example: - Person's family manages all financial affairs	(9) Unknown
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3a. How much help does the person *receive* from local services in managing his or her money?

3b. How much help does the person *need* from local services in managing his or her money?

Rating Example:

(0) No help from local services	(1) Some/occasional help with money, for example: - Person is receiving life skills coaching regarding money - Person is referred by worker to food bank to help stretch money - Person receives occasional counselling around money management	(2) Regular help with money, for example: - Person regularly participates in money management program	(3) Substantial help with money, for example: - Person receives complete money management services via Public Guardian and Trustee	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

What is your primary source of income? (select one)

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employment insurance | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Client declined to answer |
| <input type="checkbox"/> ODSP | |
| <input type="checkbox"/> Social Assistance | |
| <input type="checkbox"/> Disability Assistance | |
| <input type="checkbox"/> Family | |
| <input type="checkbox"/> No source of income | |

24. Benefits

Are you sure that you are getting all the money you are entitled to?

**Staff
Rating**
1. Is the person definitely receiving all the benefits that he or she is entitled to?

(If rated 0 or 9, go to the next section)

Rating Example:

(0) Person is receiving full benefit entitlement	(1) Person receives help to fill out benefit forms Worker advocating for short-term benefit card	(2) Person is not receiving benefits and has no financial means of support	(9) Unknown
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NEED (Q1): 0 = No problem / 1 = No/Moderate problem due to help / 2 = Serious problem / 9 = Not known

HELP (Q2 and 3a/b): 0 = None / 1 = Low help / 2 = Moderate help / 3 = High help / 9 = Unknown

2. How much help does the person receive from friends or relatives in obtaining the full benefit entitlement?

Rating Example:

(0) No help from family or friends	(1) Some/occasional help in receiving full entitlement to benefits, for example: - Person with no fixed address is using friend's home as a mail drop - Family occasionally assists in completing benefit forms	(2) Regular help in receiving full entitlement to benefits, for example: - Person's family regularly advocates for increased benefits	(3) Substantial help in receiving full entitlement to benefits, for example: - Person's family fights ODSP appeal	(9) Unknown
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3a. How much help does the person *receive* from local services in obtaining the full benefit entitlement?

3b. How much help does the person *need* from local services in obtaining the full benefit entitlement?

Rating Example:

(0) No help from local services	(1) Some/occasional help in receiving full entitlement to benefits, for example: - Worker occasionally monitors document submission for benefits - Nurse practitioner applies for client to receive special diabetic needs allowance	(2) Regular help in receiving full entitlement to benefits, for example: - Worker regularly visits person to facilitate disability pension application	(3) Substantial help in receiving full entitlement to benefits, for example: - Person cut off from Ontario Works for failure to provide address and needs intense advocacy - Person has been denied ODSP and worker documents and appeals decision	(9) Unknown
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Comments:

Action(s):

By whom:

Review date:

What are your hopes for the future?
What do you think you need in order to get there?
How do you view your mental health?
Is spirituality an important part of your life?
Is culture (heritage) an important part of your life?
Presenting Issues

- | | |
|---|---|
| <input type="checkbox"/> Threat to others/attempted suicide | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Specific symptom of serious mental illness | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Physical/sexual abuse | <input type="checkbox"/> Problems with relationships |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Problems with substance abuse/addictions |
| <input type="checkbox"/> Occupational/Employment/Vocational | <input type="checkbox"/> Activities of daily living |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other |

Summary of actions		
Priority	Domain	Action(s)

Summary of referrals					
Optimal Referral	Specify	Actual Referral	Specify	Reasons for Difference	Referral Status

Completion Date: _____