| Canadian Mental Health Association Halton Region Branch Mental health for all Association canadienne pour la santé mentale Filiale de la région de Halton La santé mentale pour tous | | | | COAST Prevention Alert Fax: 905-315-9125 | | |
|---|-------|----------|--|--|-------------|--|
| | | | | or Crisis Line: 1-8 | 77-825-9011 | |
| Alert Date: (yymmdd) | Time: | am pm | COAST Mobile VisitOTelephone contactOFYIO | | | |
| Note: ALERTS will not be processed between 8pm – 8am | | | | BSO Burlington O CRISIS Aftercare O SP Community Mobile Visit O | | |
| Client Surname: | | | DOB (| ddmmyy) | Gender: | |
| Given Name: | | | | | | |
| Street Address: | | | | City: PC: | | |
| Telephone #: | | | | Alias(es) | | |
| G.P. Name: | | | | G.P. Phone #: | | |
| Psychiatrist Name: | | | | Psychiatrist Phone #: | | |
| Next of Kin: | | | | Next of Kin Phone #: | | |
| Number of Emergency Room visits in past 1 year: | | | | Nature of hospitalizations: (i.e. substance use/mental health related) | | |
| Diagnosis: | | | Last Hospitalization: Where hospitalized: | | | |
| History of Substance Abuse: Yes O No O Details: | | | | | | |
| Currently Suicidal: Yes O No O Currentl Details: Details: | | | y Violent: Yes O No O | | | |
| | | | nd details of previous violence: | | | |
| | | | | | | |
| Presenting Problems/Concerns: (include hallucinations, delusions, paranoia etc.) | | | | | | |
| Physical Disabilities: Allergies | | | : | | | |
| Current Medications: | | | | | | |
| Physical Description: | | | | | | |
| Additional Information: | | | | | | |
| Person/Agency Issuing Alert: | | | | | | |
| Phone #: Fax #: | | | | | | |
| ~Please Call to Ensure Fax is Received~ | | | | | | |