North Bay Regional Health Centre

Nipissing Crisis Intervention Program
Community Crisis Outreach - Referral

Name: ______________________ DOB: ______________________

Age: ______________________ Patient ID#: ______________________

HCN: ______________________ Date: ______________________

Address: ______________________ Phone #: ______________________

Gender: ☐ Male ☐ Female ☐ Other Preferred Language: __________ Marital Status: __________

Current Living Arrangement: ______________________

Employment Status: ______________________

Family Physician / Psychiatrist: ______________________

Source of Referral: ______________________

Reason for Referral: ______________________

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*** Please complete questionnaire on the back of this page with client. ***

For Outreach Crisis Worker Use Only

Date referral received: ______________________

Individual admitted to a crisis bed ☐ No ☐ Yes

Please Complete

1. Is the person presently experiencing a crisis (recent loss, family/relationship problems, loss of employment, problems related to accommodations, finances…etc)?
   ☐ No ☐ Yes

   Comments: ______________________________

2. Is the person expressing thoughts of hurting themselves or someone else?
   ☐ No ☐ Yes

   Comments: ______________________________

3. Is the person verbalizing complaints of hallucinations, delusions or paranoia?
   ☐ No ☐ Yes

   Comments: ______________________________

4. Is the person currently taking any psychiatric medication (or has been prescribed medication which they are not taking)?
   ☐ No ☐ Yes

   Comments: ______________________________

5. Does the person have any previous involvement with mental health services (Crisis Intervention, psychiatric hospitalizations…etc)?
   ☐ No ☐ Yes

   Comments: ______________________________

6. Is this person experiencing problems with sleep, appetite, feelings of hopelessness/helplessness, isolation, feeling anxious or nervous…etc?
   ☐ No ☐ Yes

   Comments: ______________________________

7. Is the person having any legal problems (court diversion, probation and parole, recent charges…etc)?
   ☐ No ☐ Yes

   Comments: ______________________________

8. Does the person have any formal or informal supports?
   ☐ No ☐ Yes

   Comments: ______________________________

Please send to confidential fax: (705) 476-2730
120 King Street
North Bay, ON P1B 5Z7
(705) 476-6240 ext. 6241 or 6243