CommunitiCare Health

SUPPORT SERVICES FOR SENIORS
AND ADULTS WITH DISABILITIES

2445 Lake Shore Boulevard West
Etobicoke,Ontario M8V 1C5
Tel: 416-259-4207 Fax: 1-866-538-9186
Charitable Number: 13037 3160 RR0001

Intake Form

Date	**Urgent?** (Y/N)

We need your permission to collect your personal and health information, and we will need to share this information with our staff and our partners. Your information is private, and unless required by law, we will not give out your information to anyone else without your permission. Do you give consent to this?	Consent? Y ☐ N ☐

Client Information

First Name		Last Name		Gender			
Telephone		Alternate Tel		D.O.B.			
Language Preferred		Special Instructions for Calling					
Marital Status		Family Physician (name and tel)					
Client Address			Intersection				
Living Situation (insert an "X")		Lives Alone		Homeless		Smoker	Drug Use
		Lives Without Support		Temporary Address		Pets	
Comment							
Impairments (insert an "X")		Vision		Speech		Cognitive	
		Hearing		Mobility		Other	
Comment							

Alternate Contact

First Name	Last Name	Tel
Relationship	Comment	

Referral Source (insert an “X”)

Referral Contact Name:				Tel:	
	Self-referral		LHIN		Spouse or family
	Internal (this agency)		Family Physician		Friend or neighbour
	Another CSS agency		Hospital		Other (explain)

CommunitiCare Health Services

(Rec = currently receiving, Req = requested)

Rec	Req	Name of Service	Provider / Comment
		Adult day program	
		Day trips	
		Gentle fitness	
		Group dining	
		Homemaking	
		Personal care or support	
		Respite	
		Shopping assistance	
		Transportation	
		Are you receiving **Wheel Trans** Services? Yes ☐ No ☐	
		Are you currently receiving service from **LHIN** or other agencies? Yes ☐ No ☐	

Please answer the following questions.

	Y	N	Comment
1. Lives alone without support?			
2. Physical or cognitive impairments?			
3. Admitted to hospital (emergency or otherwise) within 3 months?			
4. Fallen within the last 3 months?			
5. Access to a family physician?			
6. Visited family physician in the last 6 months?			
7. Recently had trouble accessing a health service?			
8. Homeless or temporary address?			
9. Possible caregiver issues (abuse, stress)?			

If you have questions about completing this form please call (416) 259-4207 and ask to speak with one of our Care Coordinators.

Please email your completed form to hccs.intake@communiticare.org

Staff Use Only
FARM? Yes No