**STOP Outreach Team**
Three Bridges Community Health Centre
320 – 1290 Hornby Street
Vancouver, BC V5L 4K8
Telephone: 604-838-1331 Fax: 604-714-3478

# Intake/Assessment Form

| **Referral Date:** (dd/mmm/yyyy) |
|---|

| **Demographics** | | | |
|---|---|---|---|
| **Last Name:** | **First Name:** | | **PID:** |
| **Gender:** ❒ F ❒ T ❒ M ❒ Other | **Date of Birth:** (dd/mmm/yyyy) | **Ethnicity:** | **PHN:** |
| **Permanent Address:** ❒ Unknown | | **Phone #:** | **Language Details:** |
| **Current Location and Contact Details:** ❒ Unknown | | | |

| **Referral Source Details** | | |
|---|---|---|
| Organization Name | Contact Name | Contact Number |

**Reason for Referral**

- ❒ **New HIV+** Engage client in HIV Treatment
- ❒ **Known HIV+** Re-Engage client in HIV Treatment **(LOST)**
- ❒ **Known HIV+** Re-engage client in HIV Treatment ***(STRENGTHEN Client Relationship to existing care providers)***

| **Client Status** | | **Date** | **Comment** |
|---|---|---|---|
| **Primary Care Provider:** | | Date of last visit | |
| **CD4 # and %:** | | | |
| **pVL #:** | | | |
| **On ARVs?** ❒ Yes ❒ No | **Adherence issues?** ❒ Yes ❒ No | Date on ARV's | |

| **Social & Community Supports** (Name/Organization) | **Nature of Involvement/Support** | **Contact Number:** |
|---|---|---|
| | | |
| | | |
| | | |

| Presenting Issues | In Treatment? | Medication / Dose | Comment |
|---|---|---|---|
| Mental Health: | ❒ Yes ❒ No | | |
| Addiction: | ❒ Yes ❒ No | | |
| Behavioural | ❒ Yes ❒ No | | |
| Health: | ❒ Yes ❒ No | | |
| Health: | ❒ Yes ❒ No | | |
| Other: | ❒ Yes ❒ No | | |

**Finances and Income**

| Stable Income? | Livable Income? | Receiving Max Benefits? | Eligible for Additional Benefits? (I.e. GIS, MNSB, SAFER, Bus Pass etc…) |
|---|---|---|---|
| ❒ Yes ❒ No | ❒ Yes ❒ No | ❒ Yes ❒ No | ❒ Yes ❒ No **Details:** |

| | | |
|---|---|---|
| ❒ No Income<br>❒ Income Assistance - PPMB<br>❒ Income Assistance – Regular<br>❒ Income Assistance - PWD<br>❒ Major Nutritional Suppm't Benefit | ❒ Other Disability Income (EI/CPP/WCB/Employer)<br>❒ Other (Pension/Trust Fund)<br>❒ Old Age Security<br>❒ GIS – Guaranteed Income Supplement<br>❒ SAFER – Shelter Aid for Elderly Renters | ❒ Employment Income<br>❒ PT ❒ FT ❒ Casual/Not Reliable<br>❒ Supplemental Employment<br>❒ Stipend Volunteer work<br>❒ Other Income |

**Housing**

| Stable Housing? | Safe Housing? | Needs Improved Housing? | Applications Submitted? | Waitlisted for Improved Housing? |
|---|---|---|---|---|
| ❒ Yes ❒ No | ❒ Yes ❒ No | ❒ Yes ❒ No | ❒ Yes ❒ No | ❒ Yes ❒ No |

| | |
|---|---|
| ❒ Homeless/NFA/Couch Surfing<br>❒ Staying w/ Friends/Family<br>❒ Shelter Bed<br>❒ Temporary Accommodations (e.g. Recovery House/Treatment Centre) | ❒ SRO Supported<br>❒ SRO Not-Supported<br>❒ Apartment or House (Affordable)<br>❒ Apartment or House (Not Affordable) |

**Comments:**

| Referral Completed By:<br>(Staff Name) | Signature: | Date:<br>(dd/mmm/yyyy) |
|---|---|---|
| **Final Disposition:**<br>❒ Allocated ❒ Discharged | Has the Referrer been Informed of next steps? ❒ Yes ❒ No Date:<br>(dd/mmm/yyyy) | |
| **Allocated to:**<br>(Key Provider)<br><br>(Secondary Provider) | If Discharged, indicate organization or provider taking on care of this client: | |