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|--|------------|-----------|
| 8. Is the patient acutely suicidal /homicidal?                                   | <b>Yes</b> | <b>No</b> |
| <b>If YES - Please ADDRESS AS AN EMERGENCY (i.e. call COAST, EPT, CAS, etc.)</b> |            |           |
| 9. Is there a history of drug use?   | <b>Yes</b> | <b>No</b> |
| <b>If YES - please specify</b>   |            |           |
| 10. Has the patient ever made a <b>suicide attempt</b> ?                         | <b>Yes</b> | <b>No</b> |
| <b>If YES - Date:</b>  |            |           |
| 11. Is there a history of <b>self-harm</b> ?                                     | <b>Yes</b> | <b>No</b> |
| <b>If YES – Date:</b>  |            |           |
| 12. Is the patient currently seeing a psychiatrist?                              | <b>Yes</b> | <b>No</b> |
| <b>If YES – Name:</b>  |            |           |
| 13. Is the patient <b>currently</b> taking any prescribed medications?           | <b>Yes</b> | <b>No</b> |
| <b>If YES – List (Name and Dose):</b>  |            |           |
| 14. Has the patient previously had a psychoeducational assessment?               | <b>Yes</b> | <b>No</b> |
| <b>If YES – Please ADVISE FAMILY TO BRING REPORT TO APPOINTMENT</b>              |            |           |
| 15. Does the patient have a serious medical condition we should be aware of?     | <b>Yes</b> | <b>No</b> |
| <b>If YES – Note medical condition(s):</b>                                       |            |           |

**Please Fax to the Attention of: Amber Elcock**

**Fax Number: (905) 521-6120**