



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

**Please Fax to the Attention of: Lisa Harrison**  
**Fax Number: (905) 521-6120**