Alberta Health Services

Admission Application - Transitions Program

- Fax the completed form to **403.625.3051** or mail to **Admissions Coordinator, Claresholm Centre for Mental Health & Addictions, PO Box 490, 139 - 43 Ave West, Claresholm, AB T0L 0T0**
- Please note, referrals will only be processed and considered once all requested documentation has been received. Thank you for your cooperation
- For further assistance or more information, please call **403.682.3527** or **403.682.3500**

Demographic Information		
Last Name	First Name	
Home Address	Present Location	
Phone	Date of Admission *(yyyy-Mon-dd)* _____	
Date of Birth *(yyyy-Mon-dd)*	Gender ☐ Male ☐ Female	Provincial Health Care # *(If out of Alberta, please specify province)*

Formal Status				
Certificate in effect	☐ No	☐ Yes ►	Until *(yyyy-Mon-dd)* _____	
Form 11	☐ No	☐ Yes		
Goals of Care Designation _____				
Guardian	☐ No	☐ Yes ►	☐ Public	☐ Private
Name	Address		Phone	
Trustee	☐ No	☐ Yes ►	☐ Public	☐ Private
Name	Address		Phone	
Personal Directive	☐ Yes ☐ No	☐ In effect ☐ Not in effect	Name	
Address			Phone	
Power of Attorney	☐ No	☐ Yes	Name	
Address			Phone	

Required Documentation *(Please attach copies of the following)*		
☐ Occupational Therapy Reports	☐ Care Plans	☐ Labs
☐ Nursing Notes (7 days)	☐ Patient list with orders	☐ Neuropsychological assessment
☐ Medication list including injections and date		

Alberta Health Services

Admission Application - Transitions Program

Referral Source Information			
Name of Facility/Clinic/Agency		Address	
Contact Person		Contact Psychiatrist	
Phone	Fax	Phone	Fax

Transition Assessment	
Transition Worker's Name	Phone

☐ Assessed Date *(yyyy-Mon-dd)* _____

☐ Approved Date *(yyyy-Mon-dd)* _____

☐ Wait listed Date *(yyyy-Mon-dd)* _____ Where _____

☐ Schizophrenia - stable
☐ Substance Abuse
☐ Schizoaffective Disorder - stable
☐ Bipolar Disorder - stable
☐ Concurrent Disorder *(substance abuse, depressive)* - stable
☐ Dementia with well established care plan and medication regime
☐ PDD, Brain Injury with a well established behavioral care plan
☐ Medical Conditions *(please elaborate)* _____

Allergies ☐ No ☐ Yes ► *(Please specify)* _____

☐ History of Violence _____

☐ Current aggressiveness and violence *(please elaborate)* _____

Financial Status *(Please elaborate)* _____