

Individual Counselling

The social Work program offers individual sessions of brief solution-focused therapy. Skilled Counsellors will meet with patients who would like to obtain a positive mental health outlook. Each appointment is 45 minutes -1 hour in length. We ask that you arrange for childcare for your appointments as required.

We ask all patients to use their Employee Assistance Program services through their employer prior to receiving counselling services at the Grand Bend Community Health Centre. Your EAP program will provide you with an outline of how many visits you have for counselling and they will work with you to find a counsellor close to your home.

This will ensure that you receive services in a timely manner and help you to develop steps in managing your situation.

We require 24 hours notice for all cancelled appointments with the Social Work Program. You are able to leave a message 24 hours/ day for your convenience.

The Social Work Program uses community partners to provide care to you and this could include Choices for Change, Canadian Mental Health Association, etc. OTN(Ontario Telemedicine Network) is often used to provide additional professional expertise for your care. This is a video tool that allows you to speak to a provider via TV in a private and confidential setting.

For outside referrals:

FAX all forms Attention Social Work Intake Coordinator

519-238-6478 or **drop off** at the Front desk of the Grand Bend or Hensall sites of the Grand Bend Area Community Health Centre.

Please Note: The Social Work program DOES NOT provide crisis, urgent or long-term therapy. **In the event of an emergency please contact: Huron Perth Helpline & Crisis Response Team 1-800-829-7484. Distress Line, Sarnia Lambton: 1-888-347-8737 (1-888-DISTRESS) Kids Help Phone 1-888 688-6868.**

If you require couples counselling following a domestic violence situation we do not provide this service. You can seek out resources within Lambton County :Family Counselling Centre toll free 1-844-864-8343. Program provides both individual and group counselling. Huron County: Family Services Perth-Huron Toll free 7-800-268-0903. Women's Shelter: Huron Women's Shelter, Emergency 24/7 access: toll free 1-800-265-5506

The Social Work Program does not offer support with legal issues such as seeking custody, access dispute or disagreement. You can find help by using these resources: Huron County Legal Services: Family Matters Legal Clinic 1-519-524-2990. Lambton: Legal Aid Ontario 1-519-336-4432. They offer eligible clients a range of legal resources and support for family matters, including: help with documents, referrals to advice counsel, referral to a private lawyer who does legal aid work, if eligible, full representation in family law cases by a staff lawyer, if eligible mediation and settlement conferences referrals to other social service agencies Certificate applications for serious domestic violence, child protection, or complex family law cases are also accepted

Date _____

Name _____

Address _____

Preferred Contact # _____

Can a message be left at this number Yes • No

Referred by _____

Phone # of provider _____

Email _____

Please note: Email correspondence is not considered a confidential medium of communication.

Are you currently employed? Yes • No

If yes, who is your current employer _____

Are you currently accessing: ODSP • Ontario Works • CPP • Food Bank

Do you have safe, stable and affordable housing? Yes • No

If you are currently enrolled in school, where. _____

Do you have access to transportation? Yes • No

Do you prefer AM or PM appointment with the Social Work Program

Thinking About Change?

What changes are you considering? _____

1. How important is it that you make this change?

(Please Circle the number that describes your readiness for therapy and making changes.)

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely important

2. How confident are you that you are able to make this change?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely important

Physical Health

On average, how often do you exercise? _____ / week

Form of Exercise _____

On average, how many hours of sleep are you getting a night? _____

Do you have any difficulty falling or staying asleep? Yes • No

Do you have any difficulty eating or have you noticed changes in your appetite? Yes • No

Are you concerned with your alcohol or substance use? Yes • No

Mental Health

Have you ever had a diagnosis or received treatment for a mental illness? Yes • No

Diagnosis? _____

Have you ever been hospitalized for a mental illness? Yes • No

Who is your current psychiatrist? _____

Have you ever used OTN (video conferencing) for psychiatry appointments? Yes • No

List any support groups you have attended in the past or present

Was the support group attendance helpful? Yes • No

Main Problems: Please list major problems that you would like help with in therapy and rate the severity of each one.

1

0	1	2	3	4	5	6	7	8	9	10	
Not at all								Extremely important			

2

0	1	2	3	4	5	6	7	8	9	10	
Not at all								Extremely important			

3

0	1	2	3	4	5	6	7	8	9	10	
Not at all								Extremely important			

Briefly describe what motivated you to seek therapy at this time (rather than some time earlier or later):

If you are taking any medications, please list them.

Drug Name	How often do you take it?	What is the dosage	Why do you take it

The social workers at the Grand Bend Area Community Health Centre will protect the confidentiality of all professionally acquired information. He or she shall disclose such information only when required or allowed by law, or when client consent disclosure is obtained.

Thank you for taking the time to complete this form. You will be contacted within seven business days of receiving your application for services.