

REHABILITATION AND RECOVERY SERVICE

Clinical Reference

Release of Information							
I(applican	Iof(address)						
neredy ask you,	to release information (reference)						
concerning my clinical histor Manitoba and Winnipeg.	y to the Rehabilita	ation and Recovery Service	e of the Canac	dian N	Mental Health Association,		
Rehabilitation and Recovery	Service will be sh	aring this information with	n me as part o	f the	intake process.		
			<i>d</i> .				
Date		gnatu	re				
Applicant's name:							
Applicant's date of birth: _							
Person completing reference	•						
Reference's position/organiz	zation:						
Address:							
(Street)	(Street) (City) (Pro		(Province)		(Postal Code)		
Phone number:		Email:					
How long have you known t	he applicant?						
-			wioderatery				
Applicant's primary Psychiatric Diagnosis: 0				Oı	nset of Psychiatric Diagnosis:		
Select any of the following that also apply:			Check if applicable:				
□ Unknown	Schizop	phrenia			Developmental Disability		
□ Depression	□ Bi-Pola	ar Disorder			Diagnosis:		
□ Anxiety Disorder	□ Persona	ality Disorder					
 Obsessive Compulsive Disorder 	□ Post Tr	aumatic Stress Disorder	r	Physical Disability D			
Please expand if necessary:				l			

Prior hospitalization for mental hea	alth reasons?		Yes	□ No	Do Not Know		
If yes, about how much time in the hospital in the past two years?							
□ No admissions in past year	\Box Less than 3 months		□ Betwee	□ Between 3 and 6 months			
□ More than 6 months	\Box More than 1	l year					

Rehabilitation and Recovery Service assists people to choose a meaningful environment in which to live, learn, work, or socialize. We assist the person to make personal changes, learn skills, and access resources needed to make the role in the environment a strong and successful one. Roles may include employee, tenant, community member, student or friend.

What is the applicant's current difficulty functioning in a role and how would Rehabilitation and Recovery Service be helpful in addressing this?

Please comment on the applicant's ability and/or experience with learning and remembering new things:

Are you aware of any trauma the applicant has experienced?	Yes 🗆 No 🗖	
If yes, please describe the nature of the trauma.		
Has the applicant ever used physical force to resolve a conflict?	Yes 🛛 No 🗖	
If yes, please describe these situations and the applicant's actions.		
Are there times when the applicant might physically hurt him/herself?	Yes 🛛 No 🗆	
If yes, please explain why and when this would happen?		
Does the applicant have a co-occurring disorder? (mental illness and substance use)	Yes 🗆 No 🗖	
If yes, please describe.		

Date

Signature