

PAO REFERRAL SCREENING ASSESSMENT

Calgary HMIS

FOIP NOTIFICATION

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy ACT (the `FOIP`) and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the client`s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. Do you have any questions or concerns?

The FOIP notification has been read and discussed with the client? ☐ Yes ☐ No

PROGRAM-LEVEL INFORMATION

Program name:

Case worker name:

Case worker phone number:

Date of Interview (mm/dd/yyyy):

Name of program that referred client (if applicable):

BASIC INFORMATION

Last name:

First name:

Middle name:

Prefix:

Suffix:

Also known as (A.K.A.)/ Nickname(s):

Date of birth:

Age:

What is your gender?

☐ Female ☐ Male ☐ Transgender ☐ Don't know ☐ Declined to answer

ETHNICITY

What is your ethnicity?

☐ Caucasian ☐ Aboriginal ☐ Chinese ☐ South Asian ☐ African/Caribbean ☐ Filipino ☐ Latin American ☐ Southeast Asian
☐ Arab ☐ West Asian ☐ Korean ☐ Japanese ☐ Other _____ ☐ Don't know ☐ Declined to answer

If Aboriginal ethnicity, which group do you belong to?

☐ First Nations (Status) ☐ First Nations (Non-Status) ☐ Métis ☐ Inuit ☐ Don't know ☐ Declined to answer ☐ Not applicable

SCREENING QUESTIONS

The client has provided consent (verbal or written) to share personal information with Pathways Assertive Outreach, and that consent is now uploaded to the HMIS Client Profile via the "PAO ROI".

☐ True ☐ False

Has the Alberta Health Services (AHS) ROI been completed?

(AHS ROI must be completed to cross-reference in NetCare.)

☐ Yes ☐ No

Is the individual connected with a Family Physician?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

If yes, would the individual be agreeable to transfer their medical care to a PAO Family Physician?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

Have you ever been diagnosed with or prescribed medication for a mental health concern?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

Have you ever been told you are diagnosed with schizophrenia, schizoaffective disorder, psychosis not otherwise specified, delusional disorder or bipolar disorder?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

Is the individual connected with a Community Psychiatrist?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

If yes, would the individual be agreeable to transfer their psychiatric oversight to a PAO Psychiatrist?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

Is the individual currently supported by a Community Treatment Order (CTO)?

☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused to Answer

In the past six months, how many times have you

- a) Received health care at an emergency department/room?
- b) Taken an ambulance to the hospital?
- c) Been hospitalized as an inpatient?

If the client is currently residing in a public system (jail, treatment, hospital) please indicate:

If "other" public systems, please specify:

If client is currently in public system/institution, estimated release date:

Have you been diagnosed with any of the following (new conditions/issues) in the last 3 months?

☐ Physical Health Issues ☐ Mental Health Issues ☐ None ☐ Don't know ☐ Declined to Answer

Do you have an ongoing mental health condition?

☐ Yes - Treated ☐ Yes - Untreated ☐ Yes – Both Treated and Untreated ☐ No ☐ Don't know ☐ Declined to Answer

Do you have an ongoing physical health condition?

☐ Yes - Treated ☐ Yes - Untreated ☐ Yes – Both Treated and Untreated ☐ No ☐ Don't know ☐ Declined to Answer

Do you have an addictions/substance abuse issue?

☐ Yes - Treated ☐ Yes - Untreated ☐ Yes – Both Treated and Untreated ☐ No ☐ Don't know ☐ Declined to Answer

Do you have Fetal Alcohol Spectrum disorder (FASD)?

☐ Yes – Client Suspected ☐ Yes - Diagnosed ☐ No ☐ Don't know ☐ Declined to Answer

Have you had any involvement with the health system in the past 3 months?

If any, how many days in total have you spent hospitalized in the past 3 months? _____

If any, how many times have you been hospitalized in the past 3 months? _____

If any, how many times have you utilized emergency services (EMS) in the past 3 months? _____

If any, how many times have you been to a hospital emergency room in the past 3 months? _____

NOTES: