

# TRANSITION HOUSE

162 Madison Avenue,  
Toronto, ON M5R 2S6

Phone: (416) 925-4531  
Fax: (416) 925-5304

web site: [www.thousetoronto.org](http://www.thousetoronto.org)  
e-mail: [info@thousetoronto.org](mailto:info@thousetoronto.org)

## Intake Form

**DATE:**

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**CLIENT INFORMATION:**

**Client Name:**

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**Date of Birth:**

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**Age:**

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**Ethnicity:**

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**Ohip Number:**

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**Phone Number:**

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**Emergency  
Contact #:**

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**AGENCY INFORMATION:**

**Primary Worker:**

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**Agency:**

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**Address:**

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**Phone #:**

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**Fax #:**

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**e-Mail:**

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**ADDITIONAL INFORMATION** (to be completed with the client's participation):

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**Client Day Plan** (Clients need to be out of the agency between 9 and 4 daily, what activities will he be doing during this time?):

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**Treatment Plan** (Please be as specific as possible. Include the following: meetings with worker, recovery meetings, aftercare/relapse prevention, healing circles, reconnecting with family, etc):

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**Is Client Ready for Employment?**

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**Education** (going back to school?)Volunteer Work/Exercise etc.)?

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**Housing Goals** – (or other accommodation after Transition House)

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**Health Concerns** - Please describe any significant health concerns and the date/result of last T.B. test.

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**Mental Health Concerns** – (diagnosis, treatment, medications, suicidal ideation/gesture and hospitalization)

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**Legal Involvement** - Including history of violence, outstanding charges, probation/parole and incarceration

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**Substance use history** - (What substances? How would we know if you had gambled or used drugs/alcohol?)

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**How would we know if you were at risk of using?**

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**Transition House is unable to provide TTC tickets. – (How will you get to appointments?)**

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**Can you provide us with any other information that will help us to assist you in completing your goal plan?**

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**Comments:**

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**Please FAX these forms to: (416) 925-5304 or EMAIL this form to: [info@thousetoronto.org](mailto:info@thousetoronto.org)**