



CHURCHILL RHA INC.
CHURCHILL, MANITOBA R0B-0E0

Application for Admission Community Wellness Treatment Referral

Date of Referral: _____

Sex: Male Female

Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Community: _____

Phone: _____

Languages: English Inuktitut Other

Translator Required: Yes No

Medical #: _____

Benefactor/Treaty #: _____

Marital Status: Single Married Common-law Separated/Divorced

Name of spouse: _____

Agency Information

Referral Agency: _____

Agency Contact: _____

Phone #: _____

Presenting Problem: (check all that are applicable)

Trauma Mental Health Alcohol Abuse Solvents Depressed

Drug Abuse Hx Sexual Abuse Grief Suicidal Domestic Abuse

Other (Please specify): _____

Comments: _____

Expected Length of Stay: _____

Additional referral information (if available)

Health of Referral: *(i.e. allergies, physically or mentally disabled, general state)*

Is referral on any medication? Yes No

If yes, list: _____

Has referral ever been given a mental health diagnosis by a qualified health professional?

Yes No *(If yes, list diagnosis and name and location of professional.)*

Mental Health Diagnosis: _____

Name of Health Professional: _____

Location *(hospital/facility)*: _____

Has referral ever been hospitalized for a mental health related illness? Yes No

If yes, when, where and for which illness and how long?

Date: _____ Location: _____

Length of Stay: _____

Has referral ever harmed self or attempted suicide? Yes No

If yes, list all incidents

Please provide a detailed description of problems that are occurring within the family unit. Include any issues related to family violence and past or present domestic assault charges.

Previous involvement in treatment facilities: Yes No

Name of Facility: _____ Approximate Date: _____

Is referral a risk to others? (i.e.: previous sexual offences, arson, etc) Yes No

If yes, explain: _____

Previous Criminal Record

Is referral facing any criminal charges? Yes No

If yes, list: _____

Is referral on probation? Yes No if yes, give name and address of Probation Officer:

Probation Officer's Name: _____

Contact Info: _____

Is referral on parole? Yes No

If yes, give name and address of Parole Officer:

Probation Officer's Name: _____

Contact Info: _____

Please provide a Social History if available. Send with the completed application form.

Please note: A comfort allowance for incidentals needs to be arranged prior to arrival in Churchill.
(Hygiene products, snack money, nicotine habits, etc)

Please mail or fax this form to:

Churchill RHA Inc.
PO Box 2500
Churchill, Manitoba, R0B 0E0
C/o Community Services

Fax: (204)-675-2445
Phone: (204)-675-8322