

Millhouse Resthome

34 Mill St. West, Acton, Ontario • L7J 1G4

14022 3rd Line, Halton Hills, ON L7J 2M1

Fax: 1866-477-0958 – Tel.- 416-873-5230

staff.millhouse@gmail.com

P.O. Box 509 Main Acton Post Office L7J 1E0

Application Form for Residents

Please enclose a Form 14 (Release of Information) with this completed referral form, as well as supporting documentation as in MD Admission/Discharge Summary.

Date: _____

Applicant:

Name: _____ Phone: (____) _____

Address: _____

Date of Birth: _____ Marital Status: _____

Health Card No.: _____ Version Code: _____

S.I.N. No. : _____ Subsidy: _____

Referral Source:

Name: _____ Position: _____

Hospital/Agency: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Psychiatrist:

Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Family Doctor:

Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Next of Kin:

Contact 1:

Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Relationship: _____

Contact 2:

Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Relationship: _____

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7. Does the applicant have any of the following problems that may affect participation in programs?

	Yes	No
Hallucinations		
Visual		
Auditory		
Delusions		
Difficulty of sleeping		
Nightmares		
Difficulty in communication in a group		
Concerns re: sexuality		
Unusual behavior ie, Fear		

8. Does the applicant have a history of suicidal behavior? _____
Does the applicant have history of suicidal? _____

If yes to either of the above, please indicate the pattern and circumstances:

Frequency of the behavior: _____

Last occurrence: _____

9. Does the applicant have history of drug or alcohol dependency or abuse? _____
If yes, please indicate the current situation: _____

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10. Does the applicant have history of acting out and or inappropriate behavior?

	No	Yes	To Self	To Others
Verbally Aggressive				
Physically Aggressive				
Violent				
Sexual				

If yes to any of the above, please provide information on:

Pattern and Circumstances _____

Frequency and Severity: _____

Most recent behavior; _____

11. Does the applicant have a history of self-abuse? _____

If yes, please describe: _____

Most recent incident: _____

12. Has the applicant been in conflict with the law? _____

If yes, please list the number and types of charges and convictions, including pending charges: _____

Is the applicant presently on probation/parole? _____

13. Does the applicant have a history of fire setting? _____

Or careless smoking habits? _____

If yes to either one, please indicate:

Patterns and Circumstances _____

Frequency and Severity _____

Most recent incidents _____

14. Does the applicant have any special condition or illness which would affect his/her activities

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(I.e. allergies, epilepsy, diabetes, etc) _____
If yes, Describe: _____

15. Has the applicant lived in a group home or supportive housing program before?

If yes, please indicate where and when: _____

16. Nature of family support and involvement: _____

17. Nature of family support and involvement: _____

18. Please provide additional comments or information pertinent to the applicant's care:(i.e. special diets, food allergies or food selection due to religion or beliefs, special use of assistive device as in cane, walker, hearing aid, eye glasses, And personal preferences as in radio, TV, books, prefer to be alone.

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