

Intake – Mental/ Emotional Health Supplement #1

If formal mental/ emotional health experience identified:

What were your mental health experiences? _____

Have you ever been given medication for this concern? Yes No

If yes, please provide name of medication, dosage, monitoring and frequency: _____

Last hospitalization: (where, how long etc.): _____

What was the outcome? (Diagnosis, follow-up support etc.): _____

What agency or worker are you accessing for this support? (sign consent form): _____

How has your mental health concern affected your housing, employment and/ or social life? _____

Are you managing with this diagnosis, or would you like to explore more options? _____

What supports would you like from us? _____

Is there anything we should look out for that would mean you need more support from us? What kind of support?

How do you want to build self- care/ knowledge about this area into the goals you work on while living at Phoenix?

