# Mental Health Intensive Case Management

☐ **Transition Plan/Discharge Summary** ☐ **Internal Transfer**

**Name:** **Date of Birth:** **Database #:**

| Date of Admission: | Service Completion/Graduation Date | Transition Plan Date |
|---|---|---|
| (dd/mm/yyyy) | (dd/mm/yyyy) | (dd/mm/yyyy) |

**Reason for service completion:** ☐ Service completion criteria have been met ☐ Withdrawal with or without notification

☐ Other: client moved out of region

**PRESENTING ISSUE(S) AT TIME OF ADMISSION (what brought you into case management?):**

## CURRENT SUPPORTS

Name: _____ Name: _____

Phone/Email: _____ Phone/Email: _____

## GAINS MADE DURING SERVICE (i.e., current strengths, goals achieved, etc.)

- _____
- _____
- _____
- _____

## REFERRAL INFORMATION (Name, Address, Contact Information)

- _____
- _____
- _____
- _____

## FOLLOW-UP/NEXT STEPS (i.e. phone call to 310-COPE, phone call to referral source, attend appointments, call Dr., etc.)

- _____
- _____
- _____
- _____

**Process for Accessing Case Management: Call Streamlined Access at 1-844-660-6602 or apply online at: https://www.yssn.ca/streamlined-access**

**Client Signature:** _____ **Staff Signature:** _____

**Date:** _____ **Date:** _____
**(dd/mm/yyyy)** **(dd/mm/yyyy)**