

# CHAMPION'S CENTRE TENANT INFORMATION SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: **M** **F** Marital Status: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Driver' License: Yes No Picture I.D. Yes No

## Additional Information

Source of Income: \_\_\_\_\_ Is it in place? \_\_\_\_\_

If yes, what is the name of your worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Mental/Physical Health:

Diagnosis:

\_\_\_\_\_

Are you aware of your psychiatric condition: Yes No

If yes, please describe:

\_\_\_\_\_

Please list current medications:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Do you administer/take your own medications: Yes No

Do you have any medical condition (s) that we should be aware of? Yes No

If yes, please describe:

\_\_\_\_\_

Please identify any warning signs that you are aware of indicating that you may require  
Mental Health intervention:

\_\_\_\_\_

Do you have any allergies, food or otherwise that we should be aware of? Specify.

\_\_\_\_\_

**In an Emergency**

Call 911 or: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist/Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Outreach Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Family member: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Family member: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Do you have a guardian? Yes No

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a trustee? Yes No

Trustee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Involvement: Yes No

Explain \_\_\_\_\_

\_\_\_\_\_

**Follow-up required: (Please check categories & specify)**

- a) Medication monitoring \_\_\_\_\_
- b) Budgeting \_\_\_\_\_
- c) ADL'S (personal hygiene) \_\_\_\_\_
- d) Socialization \_\_\_\_\_
- e) Support \_\_\_\_\_
- f) Shopping \_\_\_\_\_
- g) Laundry \_\_\_\_\_
- H) Housekeeping \_\_\_\_\_
- l) Appointments - Medical \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Referral Source Signature

\_\_\_\_\_  
Tenant Signature