



Centre  
for Addiction and  
Mental Health  
Centre de  
toxicomanie et  
de santé mentale

**MOOD AND ANXIETY DAY TREATMENT PROGRAM  
INTAKE ASSESSMENT PILOT**

addressograph

Review client contact information.

Review DTP philosophy, groups, group expectations, and schedule.

What does client identify as needs/goals that DTP could address: \_\_\_\_\_

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What led to your referral to the Day Treatment Program?: \_\_\_\_\_

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History of present hospitalization/episode: \_\_\_\_\_

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Supports already in place (CAMH, community; If inpatient, what are the follow up plans):

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History of Substance abuse/treatment: \_\_\_\_\_

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History of self-harm: \_\_\_\_\_

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History of aggressive behaviour: \_\_\_\_\_

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History of conflict with the law/current charges: : \_\_\_\_\_

\_\_\_\_\_

Prior group experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

Current Medications and doses:

MEDICATION	DOSE

Review program assessment and outcome measures: Yes  No

Comments/Potential Considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of DTP staff

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature and credentials

**DTP TEAM REVIEW RECOMMENDATIONS:**

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Admission to DTP Recommended  Yes  No

If No, elaborate and list recommendations made: \_\_\_\_\_

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (dd/mm/yyyy)

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Signature and Credentials