

44478

CMHEI - Service/ Resource Use Form Psychiatrist Visits Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (F2)
CM
pg 1/5

ID:

Date (mm/dd/yy): / /




Person Completing Form:

Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2

In the **PAST 30 DAYS** did the consumer use the services of a psychiatrist?

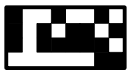
- No If no, go to next page.
- Yes If yes, complete one line for each visit:

Location	Province (if not ON)	Group, individual or family therapy ?	Length of visit
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
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<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.

Shade circles like this: 
Not like this:  



44478



44478

CMHEI - Service/ Resource Use Form

Community Services and Support Programs Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (F2)
 CM
 pg 3/5

ID:

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Date (mm/dd/yy):

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 /

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Person Completing Form:

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Indicate Period:

Baseline Follow-up 3

Follow-up 1 Follow-up 4

Follow-up 2

Has the consumer used community services and support programs during the PAST 30 DAYS?

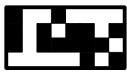
- No If no, go to next page.
- Yes If yes, complete the following for each program:

Name of Program/ Agency	City (enter first 6 letters)	Province (if not ON)	Program Type*	Total contacts in past 30 days	Contacts in past 30 days which were in a group	Contacts in past 30 days which were on the phone	Total # weeks attended in past 30 days	Average hours per week (during weeks attended)													
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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Program Type*:	0 = Substance abuse 1 = Social/ recreational 2 = Vocational/ educational 3 = Crisis 4 = Housing	5 = Medical/ therapeutic 6 = Case management 7 = Self-help/ consumer initiative 8 = Legal advocacy 9 = Other
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44478





44478

CMHEI - Service/ Resource Use Form

Prescribed Psychiatric Medication Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (F2)
CM
pg 5/5

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2

Have psychiatric/ substance abuse medications been dispensed to the consumer during the **PAST 30 DAYS?**

No **If no, go to next page.**
 Yes **If yes, complete the following for each medication:**

Prescription Name (enter first 11 characters)	Type*	Prescribed Dose <i>Indicate mg per dose (if not available, indicate number of pills/ injections taken at one time) (enter 9's if unknown)</i>	# doses in 24 hour period prescribed (if injection or PRN, see below)	During past month, # days for which medication or injection dispensed (enter 9s if unknown)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Type*: 1 = Sleeping pills or other sedatives (e.g. Halcion, Dalmane)
2 = Antidepressant or mood stabilizing medications (e.g. Prozac, Elavil, Lithium)
3 = Tranquillizers (e.g. Ativan, Valium)
4 = Analgesics or painkillers (e.g. Demerol, Darvon)
5 = Anti-psychotics (e.g. Haldol, Modecate)
6 = Substance abuse treatment (e.g. Methadone, Antabuse)
7 = Other

Indicate:
97 = PRN
98 = Injection
99 = Unknown

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