**TRENT HILLS FAMILY HEALTH TEAM – Mental Health Program Intake Form**

**Ontario Common Assessment of Need (OCAN) – Self-assessment**

**Have your own voice heard!**

The TRENT HILLS FAMILY HEALTH TEAM (THFHT) uses OCAN to understand your needs. We invite you to complete this brief self-assessment to help us understand areas of your life where you need support and where things are going well. Completing the self-assessment helps us to focus on services that support the needs you have identified.

**You decide what you would like to share**

The self-assessment is optional. When completing the self-assessment, you can choose not to respond to questions you’re not comfortable with. Your decision on whether or not to complete all or parts of the self-assessment will not change the services you’re accessing.

**Why we encourage you to complete this self-assessment:**

•  Gives you a voice by capturing your perspective

•  Services and supports are directed to areas that are most important to you

•  Only respond to questions that you feel comfortable discussing

•  This information helps guide our interaction and conversations with you, as we work with you to help you identify the path forward that works best for you

**Important information about CONFIDENTIALITY**

As a team of healthcare providers, if we are concerned that someone is at risk of harming themself or others, or that there is a concern relating to child welfare, we are obligated to notify appropriate authorities so that everything can be done to help ensure everyone’s safety. The information you share with us will be included in your medical chart (which THFHT members may access). Any and all information we collect is subject to our strict privacy and information security policies.

**Once you have completed this form (using this Word Form format), please share it with the THFHT Mental Health team by emailing it to:**  [mentalhealth@thfht.com](mailto:mentalhealth@thfht.com)

Important Note: By submitting this form to the email provided, you are giving consent for any/all members of the THFHT Mental Health team to access your information.

**Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Today’s Date:** Click or tap to enter a date.

INSTRUCTIONS: This self-assessment covers 24 domains or areas of your life. The following steps will help guide you to complete the assessment.

1. Read the name and description of each domain and consider your needs in that area.
2. Fill in one of the four boxes identifying your need rating in each domain.
3. Provide any additional comments you feel comfortable sharing to help us better comprehend your situation.
4. Following the 24 domains, there are an additional 6 questions which capture what’s important to you, your strengths and your recovery goals. Please respond to these questions to the extent you are able and/or comfortable.

Self-rating Descriptions:

* **No Need** = This area is not a serious problem for me at all
* **Met Need** = This area is not a serious problem for me because of the help I am given
* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**\*\* Scroll down to next page to start the self-assessment \*\***

Self-rating Descriptions:

* **No Need** = This area is not a serious problem for me at all
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* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Accommodation**

Are you happy with the place you live in or has it been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Food**

Has getting food that suits your dietary needs been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Looking After the Home**

Has keeping your home tidy been a problem (an area of need)? This could include cleaning and laundry. Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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* **Met Need** = This area is not a serious problem for me because of the help I am given
* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Self-care**

Has maintaining your personal hygiene been a problem (an area of need)? This could include challenges accessing or using products/facilities. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Daytime Activities**

Have daytime activities been a problem (an area of need)? This could include work, education or leisure activities. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Physical Health**

Has your physical health been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Psychotic Symptoms**

Have symptoms of psychosis been a problem (an area of need)? These could include feeling like you’re being watched or hearing voices that interfere with your daily life. Are you getting the help you need? **\*\* If your safety or someone else’s safety is at risk, call 9-1-1 right away \*\***

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Information on Condition & Treatment**

Has understanding your mental health condition and recommended services/treatments been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Psychological Distress**

Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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* **Met Need** = This area is not a serious problem for me because of the help I am given
* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Safety to Self**

Have thoughts and/or acts of harming yourself been a problem area (an area of need)? Are you getting the help you need? **\*\* If you are dealing with thoughts of suicide, or if you are worried about someone else, call 9-8-8 to access the Canada-wide Suicide Crisis Helpline \*\***

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Safety to Others**

Have thoughts and/or acts of harming others been a problem area (an area of need)? Are you getting the help you need? **\*\* If your safety or someone else’s safety is at risk, call 9-1-1 right away \*\***

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Alcohol**

Has alcohol use been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

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* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Drugs**

Has drug use been a problem (an area of need)? This could include illicit drugs or misuse of prescription drugs. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Other Addictions**

Have other addictions been a problem (an area of need)? Other addictions could include gambling, overuse of electronic devices, and smoking. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Company**

Has your social life been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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* **Unmet Need** = This area remains a serious problem for me despite any help I am given
* **I Don’t Want to Answer** = I prefer not to respond

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Intimate Relationships**

Have close personal relationships been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Sexual Expression**

Have your sex life and sexual health been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Child Care**

Has looking after your children been a problem (an area of need)? This could include access to child care or parenting. Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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**Need Need Need to Answer**

**Other Dependents**

Has looking after other dependents been a problem (an area of need)? Other dependents could include elderly parents and pets. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Basic Education**

Has reading, writing or basic math been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Communication**

Has accessing or using a phone or computer been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

Self-rating Descriptions:

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**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Transport**

Has transportation been a problem (an area of need)? This could include getting to and from appointments and daily activities. Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Money**

Has managing your money been a problem (an area of need)? Are you getting the help you need?

Comments: Click or tap here to enter text.

**No Met Unmet I Don’t Want**

**Need Need Need to Answer**

**Benefits**

Has accessing the benefits/money you’re entitled to been a problem (an area of need)? This could include Ontario Works, Disability Support Program and Drug Benefit. Are you getting the help you need?

Comments: Click or tap here to enter text.

***Please write a few sentences to answer the following questions:***

**What are your strengths and skills?**

Click or tap here to enter text.

**What are your hopes and goals for the future?**

Click or tap here to enter text.

**What do you need to accomplish your hopes and goals?**

Click or tap here to enter text.

**Is spirituality an important part of your life? Please explain.**

Click or tap here to enter text.

**Is culture (heritage) an important part of your life? Please explain.**

Click or tap here to enter text.

**Is there anything else you would like to share that could be important for us to know? Please explain.**

Click or tap here to enter text.