

ERGON Inc.

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SKILLS TRAINING REFERRAL FORM

PLEASE COMPLETE, SIGN, AND RETURN TO THE ABOVE ADDRESS

FROM: _____
ADDRESS: _____

TELEPHONE: _____

TITLE OF PROFESSION: _____
DATE: _____

CLIENT'S NAME: _____
ADDRESS: _____
PHONE : _____
D.O.B. (M/D/Y): _____
S.I.N.: _____
LANGUAGE SPOKEN & WRITTEN: _____

EDUCATION: _____
GENDER: MALE () FEMALE ()
MARITAL STATUS: _____
NO. OF DEPENDANTS: _____
NAME OF SPOUSE OR FAMILY MEMBER: _____

RELATION TO CLIENT: _____

TYPE OF LIVING ACCOMODATIONS:
APARTMENT _____ SPECIAL CARE HOME _____
GROUP HOME _____ HOME _____
NAME OF CONTACT PERSON AT RESIDENCE OR HOME:

TELEPHONE: _____
NAME OF MENTAL HEALTH WORKER IF DIFFERENT
FROM REFERRING PERSON:

CRIMINAL RECORD: _____

DSD Social Worker (Mandatory): _____

MEDICAL INFORMATION

Brief description of illness, disability or disorder (include: alertness, aversions, motivation, introvert, extrovert if known) and history of illness.

Signs of decompensation: _____

Side effects of medication that could affect skills training program: _____

How long under psychiatric care: _____

Drug or alcohol abuse: Yes () No () Brief history: _____

State of psychiatric health: _____

WORK HISTORY (IF AVAILABLE)

Last place of employment: _____

Position held: _____

Date: From _____ To _____

Previous employment profile: _____

Information, which would assist in community integration:

Character traits: Answer Yes, No or Unknown:

Shy: _____ Forward: _____ Attention Seeking: _____ Demanding: _____ Rigid: _____

Poor Socialization: _____

Short social personal history (if known): _____

CONSENT FOR RELEASE OF INFORMATION HAS BEEN OBTAINED FROM CLIENT YES () NO ()

VOCATIONAL ASSESSMENT

	Excellent	Good	Fair	Poor
Attendance				
Grooming				
Courtesy				
Punctuality				
Social Skills				
Respect for Property				
Ability to take Direction				
Ability to take Criticism				
Ability to work independently				
Money Management				

Skills Training Goals: _____

ANY INFORMATION CONTAINED IN THIS FORM IS NOT INTENDED TO INFRINGE UPON CLIENT'S RIGHTS UNDER THE LAW.

Referral Source: _____

Date: _____