



**Gerstein on Bloor
Female Crisis Beds
Referral Form**

**Gerstein on Bloor Phone # - (416) 604-2337(BEDS)
Fax # - (416) 604-7436
e-mail: gersteinonbloor@gersteincentre.org**

To provide short-term crisis beds for women who are experiencing a mental health crisis and are currently experiencing homelessness.

Basic Eligibility Criteria

- **Women 16 years+**
- **experiencing a mental health crisis**
- **currently homeless**
- **safely supported in the community**

Staff Making Referral

Name: _____

Agency: _____

Sector: _____

Phone#: _____

Fax#: _____

**Release of information for the purposes of this referral
have been agreed to by the client**

Yes

No

Person in Crisis

Name: _____

D.O. B.: Day _____ Month _____ Year _____

Female Preferred Identity _____

Current Location: _____

Address: _____

Phone#: _____

Housing/Living Situation: _____

Income Source: _____

Identification: Yes No

Drug Card: Yes No

O.H.I.P.#: _____

SIN# _____

Preferred Language: _____

Presenting Problem / Current Crisis / Reason for Referral

Y/N	Presenting Issue	Description/Details
	Threat to others / attempted suicide	
	Specific symptoms of SMI (Serious Mental Illness)	
	Physical / Sexual Abuse	
	Educational	
	Occupational / employment / vocational	
	Housing	
	Financial	
	Legal	
	Problems with relationships	
	Substance abuse	
	A.D.L.'s (Activities of Daily Living)	
	Other/Specify _____	

Supports		
Relationship	Name/Agency	Phone #
G.P.		
Psychiatrist		
Therapist		
Case Manager		
Probation / Bail Officer		
Lawyer		
Court Support		
G.P.		
Family / Friend		
Other		

Safety Risks				
Y/N	Risks	Current	History	Description /Details / Dates
	Suicide			
	Violence			
	Substance Use			
	Self Harm			
	Verbal Aggression			
	Weapons			
	Arson			
	Sexual Assault			

Current prescribed medications (please include all medications)		
Medication	Dose	Frequency

Does client have a prescription and/or medication? Yes No

Describe: _____

