



Health Sciences Centre

DEPARTMENT OF SOCIAL WORK

30 04 01

WS223

CONSULT/REFERRAL REASON:

19yo G3 P3 Day 1 SVD
1st child in care 2nd
Child in pt. Please
see & assess re supports

Date

WATKINS, SAMANTHA

Full Name - 1961 F 00599135-1

ED [REDACTED] OBGY/CEST

Year of Birth # MENTICOGLOU

00599135-1

Hospital

Number

Physician

Thanks!

NAME:

[Signature]
(Print)

SIGNATURE:

[Signature]

ASSESSMENT SUMMARY:

Thanks for this consult. Writer met
Samantha, CLPF Steve & new babe, [REDACTED]. The couple
indicated that a friend is looking after 1yo
daughter, Phoenix. They have all needed supplies.
Chart reviewed - SW saw couple last year
when Phoenix was born & a referral was
made to Wpg CFS as the couple had no
baby supplies & had vague plans re babe (see

PLAN:

[REDACTED]'s consult of April 21/00)
Samantha's worker is Delores Chief - Abigeris,
who was unaware of Samantha's pregnancy.
Writer ^{SP} informed Delores that Samantha
& [REDACTED] are you d/c today & that supplies are

SOCIAL WORKER: NAME

(print)

SIGNATURE

DATE

REFERRAL INFORMATION:

AGENCY	DATE	CONTACT PERSON	PHONE

DISCHARGE/TRANSFER SUMMARY:

in place. Delores will follow up
in community. No emissions prohibiting d/c
at this time. No further SW indicated; ready
for d/c.

Department of Social Work:

Signature

[Signature]

Name (Print)

[REDACTED] (2992)

30 04 01

DS6779



Health Sciences Centre
Social Work Services - Women's Health

DATA BASE

Marital Status: 1 M 2 C/L 3 SEP 4 D 5 W 6 SI 7 N/K

Date: KENATCH, SANANTHA
Ward: 09-SEP-1981 F 00599135-1
Full Name: S MENTICOGLU
Year of Birth: 19
Hospital Number: 00599135-1
Physician: OBGY/OBST

Home Address: [Redacted]
Tel. #: H [Redacted] W [Redacted]
E.D.C.: 12-05-01
Agency: [Redacted]
Mother's present plan: Keeping

Admit Dates: 29-04-01 Birth Alert: []
Baby: M [] F [] DOB (ddmmyy): 29-04-01 Hospital #: 01415
Name: [Redacted] Apgar: 989 Wt: 3370
Baby Disch: [Redacted]

LIVING ARRANGEMENTS:
Location: 1 House 2 Apartment 3 Guest/Group Home 4 Institution 5 Other 6
Lives Alone 7 Lives With CL, 1 y.o. daughter
Care Provider: _____ Phone: _____
Adequacy/Problems: _____

NEXT OF KIN/SIGNIFICANT OTHERS:

NAME	AGE	RELATION	COMMENTS
Steve Sinclair		BFLA	
Phoenix	1	daughter	
	3	son	Permanent Ward CFS

FINANCIAL SITUATION:

1) Source of Income: Employment _____ Employed by _____
Pension _____ Type _____
Provincial Social Allowance _____ Municipal Welfare _____ Number _____
UIC _____ WCB _____ other _____
2) Management: Self _____ Other _____
(who, legal instrument, e.g. power of attorney)

COMMUNITY RESOURCE INVOLVEMENT:

AGENCY	SERVICES PROVIDED	CONTACT PERSON	PHONE
Wpg CFS	Intake Support	Delores Chief- Abigasis	944-4300 4117

DO NOT WRITE IN THIS SPACE

SOCIAL WORK SERVICES:
[Redacted Signature]
SIGNATURE