

**NATIVE ADDICTIONS COUNCIL OF MANITOBA
OUTREACH REGISTRATION FORM**

Date: _____ **Previous registration (if any)** _____ **Case #:** _____

Surname: _____ **First Name:** _____ **Gender:** M/F

D.O.B: _____ **Health #:** _____ **PHIN. #:** _____

Address: _____ **Phone #:** _____

Family type: Living alone: ___ Parents: ___ Relative: ___ Friend: ___ Other: _____

Marital Status: _____ **Spouse:** _____

Non Status: () Métis: () Inuit: () Status: () Band: _____

Treaty #: _____

Other Language (s) Spoken: _____ **Read:** _____ **Write:** _____

Level of Education: _____ **University/College/Residential/Boarding/Public/Reserve**

Next of Kin: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Income Source: Employed FT/PT () Unemployed () Student FT/PT () E.I.A. () E.I () Other: _____

Legal Status: Parole () Bail () Court Ongoing () Probation () _____

Program Mandatory: _____ **Referred by:** _____ **Contact:** _____

Address: _____ **Phone:** _____ **Fax:** _____

Substance/s use in order of preference (specify): 1) _____

2) _____ **Last substance use:** _____

Other addictions: Tobacco () Gambling () Eating disorders () Other () _____

Residential treatment past two years: ___ **Center:** _____ **Complete:** ___ **Last:** _____

Assessment only: () Central Intake () Pre () Aftercare () Continuous () Referral ()

Referred to: _____ **Start date:** _____

Completed by: _____ **Assigned to:** _____