

NEXT OF KIN: *If next of kin is not spouse then fill in this section.

Name: _____ Relation: _____

Address: _____ Province: _____

City/Community: _____ Phone: _____

EDUCATION:

Grade completed: _____ On Reserve: Yes / No _____ College _____ University

Residential School Attendance:

_____ Myself _____ Sibling (s)

_____ Parent (s) _____ Grandparent (s)

Graduated: Yes / No

Diploma / Degree: _____

EMPLOYMENT:

____ Employed: full time ____ No Income
____ Employed: part time ____ Welfare
____ Volunteer ____ Applying for EIA
____ Student ____ UI/EI
____ Retired ____ Applying for UI/EI
____ Homemaker/Caregiver (unpaid work)
____ Other: _____

REFERRAL INFORMATION:

____ Self
____ Centralized Intake
____ Treatment Facility/Program
____ Probations/Lawyer
____ C.F.S
____ N.N.A.D.A.P
____ Other: _____
Agency/Contact Person: _____
Phone: _____

SUBSTANCES /BEHAVIORS: Frequency e.g. daily, 3x a week, weekly, bi-weekly, monthly,
Less than 1x month, binge, not in past year.

**Please specify*

____ Alcohol: _____ frequency: _____

____ Narcotics: _____ frequency: _____

____ Inhalants: _____ frequency: _____

____ Gambling: _____ frequency: _____

____ Pharmaceuticals: _____ frequency: _____

____ Injection use: _____ frequency: _____

____ Hallucinogens: _____ frequency: _____

____ Tobacco: _____ frequency: _____ How many daily? _____

____ Other: _____ frequency: _____

DRUG TREATMENT COURT INVOLVEMENT:

YES

NO

When Involved: _____

Out Come: _____

Workers Name: _____

MENTAL HEALTH:

Primary Mental Health Condition: _____ Self-Reported Diagnosis

Secondary Mental Health Condition: _____ Self-Reported Diagnosis

Tertiary Mental Health Condition: _____ Self-Reported Diagnosis

FASD Diagnosis Where & When: _____

FASD Suspected (Reported by Client): _____

PREVIOUS TREATMENT:

Residential Treatment within 2 years? Yes / No Where? _____

What date? _____

Completed treatment? Yes / No How long were you sober afterwards (abstainate)? _____

Was client ever in detox? Yes / No Where & When? _____ How many times? _____

ASSESSMENT:

___ Assessment completed ___ Intake completed

Why treatment now?

___ C.F.S. ordered ___ Taking a break

___ Court ordered ___ Life out of control

___ Probation ordered ___ Family

___ Parole ordered

Type of program preferred:

___ Native Spirituality ___ Christianity

___ Twelve Step ___ Other: _____

Last substance(s) used: _____ Date last used: _____

Completed by: _____ Date: _____