Options Okanagan

Your First Stop to Recovery from Addiction!

PART 1 – CLIENT IDENTIFICATION

Surname (Legal)	First Name	Middle Name
Address	City, Province	Postal Code
Home Phone	Cell Phone	Email
Birthdate (Day/Month/Year)	Personal Health Number	Medical Insurance Info
Emergency Contact Surname	Emergency Contact First Name	Emergency Contact Phone Number
Emergency Contact Email	Emergency Contact Relationship to Client	

PART 2 – CLIENT INFORMATION

Does the client have an A&D Counsellor: Name: Phone:			Does the client have a Family Doctor: Name: Phone:	
Does the client have a Physchiatrist: Name: Phone:			Does the client have a Probation Officer: Name: Phone:	
What is your motivation to come to treatment? **Please Mark one**	Self Motivated	Family Motivated	Condition of Employment	Condition of Court

PART 3 – SUBSTANCE USE HISTORY

What substances is your loved one currently taking? How often?

Is the client currently in withdrawal from any of these substances?

Yes No Unknown

PART 4 – MEDICAL AND PSYCHOLOCIAL HISTORY

1. Has the client experienced any form of physical, sexual, emotional, mental or spiritual abuse? Yes No Unknown
2. Does the client have a history of aggressive behaviour? Yes/No

   Peers Authority figures Family Spouse Other_____

   Describe behaviours: _____

   _____
3. Does the client have a history of seizures? Yes No Unknown
4. Does the client have any health issues: (allergies, heart irregularities, Hepatitis, HIV, diabetes, asthma etc)

   _____

   _____

   _____

   _____

   _____
5. Does the client have a history of self harm/mutilation? Yes No Unknown
6. Does the client have a history of suicidal ideation or suicide attempts?

   Yes No Unknown

7. Is the clients prescribed any medication?

Medication Name	Dose	Frequency

PART 5 – FAMILY AND SOCIAL HISTORY OF SUPPORT

Is the client married/common law? Yes No Does the client with their partner? Yes No	Does the client have children? Yes No Are they still under the care of the client? Yes NO
Does the client have anyone not in addiction that will be able to support them? Yes NO Name: Relationship	