



Options Okanagan Treatment Centre

Your First Step To Recovery, and Welcome!

Client's Personal Information

Name:

Address:

City / Town:

Prov / State: Postal Code:

Phone #: Cell:

Email:

Intake Date: Birth Date:
M D Y M D Y

Health Card Number:

Emergency Contact:

Relationship to Client:

Phone #: Cell:

What is your understanding of the length of your stay here?

When was the last time you used?

What did you use?

How much?



Agreement of Responsibility

I, agree to pay Options Okanagan
PLEASE PRINT

Treatment Centre \$1,000 Cdn. (one thousand dollars in Canadian funds)

for a bed deposit for . These funds will
NAME - PLEASE PRINT

be applied to the total cost of treatment. This agreement entitles

the client to a bed in Options Okanagan, reserved for
DATE

I understand that this bed deposit is non-refundable.

Signed _____ Date _____

Witnessed by _____ Date _____

Form of payment: Direct deposit Credit Card

Credit Card # Exp. Date

Name on Card Signature _____
Please print