**Pre-INTAKE**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**:

**Age & DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) Are you currently on any medication:** Methadone Suboxone Kadian \_\_

Gabapentin Trazodone Seroquel Other:

**2) Do you have *Current* Government Issued Picture ID:**

**3) Charges:** *(ask about Arson, sexual related charges and Registered Sex Offender):*

*Lawyers Information***:**

**4) Where are you now**: SPT \_\_\_ NFPT \_\_\_\_ OTHER:

**CS#:**

*When did you last Use (does Client need detox?)*

**5) Do you have**: PROBATION BAIL COURT WARRANTS

 *Do you have court appointed appointments (i.e. counselling):*

**6) Have you been diagnosed with any medical conditions other than addiction? (I.e. Hep C)**

**7) Payment**: SELF PAY: EI\_\_ Cash/Cheque \_\_\_\_ Other:

 Welfare GA#: and/or S.I.N.

**8) Dietary concerns:** Diabetic Vegetarian Allergies\_\_\_ Other:

**(TO BE SIGNED UPON INTAKE)**

I confirm that the information given in this form is true, complete and accurate.

CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

STAFF SIGNATURE: DATE: