



This information may be shared with your family doctor and used within Island Health to provide you with the best possible care.

Please print clearly and fill out this form completely.

MRN:

(office use only)

Name: \_\_\_\_\_ Alias? \_\_\_\_\_ Today's Date: \_\_\_\_\_

dd-mmm-yyyy

Gender: M  F  Other  Date of Birth \_\_\_\_\_ PHN (care card) : 9 \_\_\_\_\_

dd-mmm-yyyy

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_ Family Physician \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ best time to call? \_\_\_\_\_ OK to leave message?  Yes  No

What would you like help with the most? ( e.g. mental health concerns, stressors, substance use)

Which type of service are you requesting? (please circle)

**Detox**   **Substance use counselling (AOT)**   **Stabilization**   **Supportive Recovery**   **Mental health counselling**   **Not sure**

Other: \_\_\_\_\_

Aboriginal Identity  Yes  No Marital Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Source of Income \_\_\_\_\_

Other services or support involved? \_\_\_\_\_ Education level? \_\_\_\_\_ Legal involvement? \_\_\_\_\_

Has violence been an issue in your life?  Yes  No How? \_\_\_\_\_ Children in the home?  Yes  No

What are your goals regarding your substance use and/or mental health?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical concerns we should be aware of?  Yes  No If yes:

Do you have problems with mobility (e.g. walking)?  Yes  No

Are you at immediate risk of harming yourself or others?  Yes  No

Are you able to remain safe?  Yes  No

Signature: \_\_\_\_\_

**Substance use (including tobacco)**

**Substance**                      **Date last used**                      **How much?**                      **How often?**

**Medications**

**Name**    **Amount**    **Frequency**

**(office use only):**

- CERNER
- MH Intake Tracking System
- PM Office
- MHDB
- Powerchart reviewed by clinician

Systems Checked

Message Log:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appointment date/time:** \_\_\_\_\_

**For Substance Use Intake Fax to (250) 213-4445 or (250) 519-3613**

Phone (250) 213-4444

**For Mental Health Intake Fax to (250) 381-3222 with Physician Referral**

Phone (250) 519-3485