OPTIONS FAMILY WELLNESS AND ADDICTION CENTER

"Your First Step to Recovery from Addiction"

CLIENT INFORMATION FOR INTAKE

Please provide us with the information below prior to your intake date. Once you have completed the following, please send back to us

CLIENT IDENTIFICATION

Surname (Legal)	First Name	Middle Name
Address	City, Province	Postal Code
Home Phone	Cell Phone	Email
Birthday(d/m/y)	PHN	Medical Insurance

Emergency Contact	Relationship
Phone	Email

PAYMENT INFORMATION

Surname (Legal)	First Name	Middle
Address	City, Province	Postal Code
Home Phone	Cell Phone	Email

2-551 Sherrydale Crescent
Kelowna, BC V1V 2E6
wellnesssupport@optionsokanagan.com
Kelowna 236 420 0305
Fax 236 420 0307

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CLIENT INFORMATION

Motivation for Treatment:	Self	✓	×	Employment	✓	×
	Family	✓	×	Court	✓	×

Family Doctor Name:	Phone:
A&D Counsellor Name:	Phone:
Psychiatrist Name:	Phone:
Probation Officer Name:	Phone:
Support Person (not in active addiction) Name:	Phone:

MEDICAL & PSYCHOLOGICAL HISTORY

Medication Name	Dose	Frequency

MEDICAL & PSYCHOLOGICAL HISTORY (CONTINUED)

Family and Home Life	YES	NO	UNSURE
Married/common law?			
Currently living with partner?			
Children?			
Custody of children? Currently in client's care?			
Probation/Parole?			

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Any previous or current involvement in the legal system?			

MEDICAL & PSYCHOLOGICAL HISTORY (CONTINUED)

History/Experience w/Following:	**YES**	**NO**	**UNSURE**
Physical abuse			
Sexual abuse			
Emotional/mental abuse?			
Spiritual abuse?			
Aggressive behaviour? (Peers/Authority/Family/Spouse)			
Self-harm			
Suicide attempts			
Suicide ideation			
Health Issues/Concerns	**YES**	**NO**	**UNSURE**
Seizures			
Allergies (list):			
Blood Pressure: HIGH or LOW (please circle one that applies)			
Heart Irregularities			
Hepatitis			
HIV			
Diabetes			
Asthma			
Other:			
Mental Health Diagnosis (determined by a Physician only)	**YES**	**NO**	**UNSURE**
Depression			
Anxiety			
PTSD			
Bipolar			
BPD (Borderline Personality Disorder)			
ADHD			

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Other:			

SUBSTANCE ABUSE HISTORY

Clean Date: _____

CURRENT & SUBSTITUTE DOC	DAILY AMOUNT	DAILY AMOUNT	LAST DAY OF USE

Please note that Options Family Wellness and Addiction Center does not provide withdrawal management. However, client's who are previously prescribed withdrawal management medications by a physician are expected to continue the medication until the prescription is finished.

In keeping with our BC Assisted Living approved Policies and Procedures, upon intake, if you drink alcohol you MUST have a minimum of 48 HOURS SOBER. IN ORDER TO BE ADMITTED TO OUR CENTER YOU MUST HAVE A PRESCRIPTION FOR DIAZEPAM FOR CONTINUED ALCOHOL WITHDRAWAL MANAGEMENT. Clients are required to provide a drug screen upon arrival. If you are found to have alcohol in your system, you will be asked to leave and return once there has been a full 48 hours of abstinence. You must make your own arrangements on where you will go if this is the case for you. If you refuse to provide a drug screen, you will be asked to leave and return once you are ready and willing to do so.

If you have any questions about this please contact our Client Support Administrator Ashley McLeod at 236-420-0305 OR 250-870-1853 or Program Director Susie Golemba at 778-688-0155.

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You fully understand that you will not be able to make medical, personal care, dental, or other appointments while a client at Options **UNLESS IT IS AN EMERGENCY**. In this case, our Client Support Administrator will set an appointment up for you.

You fully understand that we do not allow **ANY** access to cell phones, computers, laptops, or ANY other electronic devices. We encourage you to take care of banking, filing for EI, Social Assistance or any other outside issue that needs to be dealt with **BEFORE** you come to the center.

Please sign that you acknowledge and understand the information stated above.

Expected Date of Intake: _____ *(d/m/y)* Today's Date: _____ *(d/m/y)*

Completed By: _____ Relationship to Client: _____

Signature: _____

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