



## **Intake Assessment Form**

Tamarack Rehab Inc.  
60 Balmoral Street  
Winnipeg, Manitoba  
R3C 1X4  
Intake: 204-775-1328

January 28, 2010

## Tamarack Rehab Inc. Intake Assessment Form

Date	Full Name	
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### Biographical Information Section

INSTRUCTIONS: To assist us in helping you, please fill out this form as frankly as you can. You will save much time and effort by giving us full information. You can be sure that, like everything you say at Tamarack Rehab Inc., the facts on this form will be held in the strictest confidence and that no outsider will be permitted to see your case record without your written permission. PLEASE PRINT YOUR ANSWERS. If you need more space, please use the note section at the bottom of the page.

<b>Personal Data</b>	Date of Birth		Age	Male	Female
	Apartment Number and Street Address				
	City		Province	Postal Code	
	Home Telephone		Other Telephone		
	Permanent Address (If different than above)				
	SIN	Treaty No.	MHSC	PIN	
	Highest Education Level Achieved			Ethnicity	
	Personal Income Source -				
	Per Diem Paid By <input type="checkbox"/> Self <input type="checkbox"/> EIA <input type="checkbox"/> Insurance				
	<b>Contacts</b>	Name of Next of Kin			Relationship
Address					
City		Province	Postal Code		
Home Telephone		Other Telephone			
Emergency Contact Person			Telephone		
Family Doctor			Telephone		
Psychiatrist			Telephone		
Psychologist			Telephone		
EAP Coordinator			Telephone		
Probation Officer			Telephone		
Mental Health Worker			Telephone		
Social Services (EIA) Worker			Telephone		
Child & Family Services Worker			Telephone		

<b>Marital Status</b>	<input type="checkbox"/> Never Married <input type="checkbox"/> Married for the 1 <sup>st</sup> time <input type="checkbox"/> Now Married for the 2 <sup>nd</sup> (or more) time <input type="checkbox"/> Separated			
	<input type="checkbox"/> Divorced and Not Remarried <input type="checkbox"/> Widowed and Never Remarried <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)			
	Number of Years With Present Spouse			
	Ages of Children: Female		Male	
	Name of Current Spouse			
	Who has Custody of Children		Type of Custody	
	Outline Visiting Rights			
	Are you living with your current spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Who are you living with?			
	Describe the current relationship?			
	Are your current living arrangements a problem for you now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Drug History</b>	Drug(s) of Choice		Date Last Used	
	Other Drugs Used:			
	Addictions: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Gambling <input type="checkbox"/> Sex			
	Overdosed <input type="checkbox"/> Yes <input type="checkbox"/> No    How Many Times ?		What Drug(s)	
	Have you Experienced Withdrawal Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No    From What Drug(s)?			
	When & How Often			
	<input type="checkbox"/> Hear Things <input type="checkbox"/> See Things <input type="checkbox"/> Dreams <input type="checkbox"/> Taste Things <input type="checkbox"/> Other Sensations			
	Age First Used Alcohol		Age first used Drugs	First Drug Use
	Last Alcohol (Drug) Treatment Program (Where)		From	To
	Number of Previous Treatment Programs		When and Where	
	1			
	2			
3				
4				
<b>Referral</b>	<b>Who referred you to Tamarack Rehab Inc. ? Name</b>			
	<b>(Check One)</b> <input type="checkbox"/> Sponsor <input type="checkbox"/> EAP <input type="checkbox"/> Probation <input type="checkbox"/> Case Manager <input type="checkbox"/> Family Member <input type="checkbox"/> Self <input type="checkbox"/> School <input type="checkbox"/> Psychologist or Psychiatrist <input type="checkbox"/> Child & Family Services <input type="checkbox"/> Social Services			
<b>Legal Notes</b>	Criminal/Civil Charges Pending <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
	Outstanding Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
	Bail (Probations) Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
	Restraining Orders <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
	Court Hearing Dates			





<b>Treatment Plan</b>	<p>Briefly list (PRINT) your present main reasons for coming to Tamarack Rehab Inc.</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
	<p>Briefly list (PRINT) any other reasons</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
	<p>Under what conditions are your problems worse?</p>
	<p>Under what conditions are they improved?</p>
	<p>List the things you like to do most, the type of things and persons that give you pleasure.</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
	<p>List your main life goals.</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
	<p>Please provide any additional information that you feel will assist your counsellor in developing your treatment and recovery plan.</p>
	<p>Are Self-Help group's part of your Recovery Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain why or why not.</p>
	<p>What is the name of your Home Group? _____ Do you have a Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you plan on getting a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p>
<b>Notes</b>	

