



**Pre-INTAKE**

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

Name: \_\_\_\_\_

Age: \_\_\_\_\_

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\_\_\_\_  
When did you last Use (does Client need detox) \_\_\_\_\_

5) Do you have: PROBATION\_\_\_\_ BAIL\_\_\_\_ COURT\_\_\_\_ WARRENTS\_\_\_\_  
Do you have court appointed appointments (i.e. counseling): \_\_\_\_\_

6) Have you been diagnosed with any medical conditions other than addiction. \_\_\_\_\_  
\_\_\_\_\_

7) Payment: SELF PAY: EI\_\_\_\_ Cash/Cheque\_\_\_\_ Other:\_\_\_\_  
Welfare GA#:\_\_\_\_\_ and/or S.I.N. \_\_\_\_\_

8) Dietary concerns: Diabetic\_\_\_\_ Vegetarian\_\_\_\_ 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: \_\_\_\_\_