

**CALL US AT 604-536-3022 OR
FILL IN THIS FORM FOR ADMISSIONS**

PRE-INTAKE

Date: _____ Phone: _____
Name: _____ Email: _____
Age: _____

1) What substance are/were you using: _____

2) When did you last use: _____

3) Where are you now: _____

4) Do you have: PROBATION _____ BAIL _____ COURT _____ WARRENTS _____

5) What are your charges: _____
- Lawyers name, Ph.# & Email: _____

- Court appointed counseling: YES / NO ___ If YES: What, when and where: _____

6) Have you been diagnosed with any medical conditions other than addiction.
- If YES, What: _____

7) Are you on any medications.
- If Yes, What: _____

8) Payment: SELF PAY _____ WELFARE _____
- If self pay, How: EI _____ Cash/Cheque _____ Other: _____
- If Welfare, GA#: _____

9) What I.D. do you have: BIRTH CERTIFICATE _____ LICENSE _____ BCID _____
OTHER: _____

(TO BE SIGNED UPON INTAKE)

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

CLIENT SIGNATURE: _____ DATE: _____

**PLEASE DOWNLOAD THIS FORM, FILL IT OUT AND EMAIL IT TO
INFO@LAUNCHING-PAD.ORG**