



# Day Program Intake Form

(Adapted from the Alcohol and Drug Information Admission/Discharge Form 2007)

Date: \_\_\_\_\_  
(dd-mm-yyyy)

Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Street/City/Postal Code)

Phone #: \_\_\_\_\_

Health #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd-mm-yyyy)

Sex:  Male  Female  Unspecified

Status  Non-Status  Métis  Non-Aboriginal  Inuit

## Martial Status:

Legally married  Separated  Common-law  Divorced  Single  Widowed  
(not separated)

## Education:

Less than grade 9  Grade 9-11  Complete grade 12  Some post-secondary  
 Complete post-secondary Other: \_\_\_\_\_

Have you worked during the past 12 months?  Yes  No

## Employment Status:

Full time  Part time  Not working  Student  Retired  Homemaker  Seasonal

Primary Occupation: \_\_\_\_\_

## I am seeking services primarily for:

Own use  Someone else's use Other: \_\_\_\_\_

## Non-medical injection drug use:

Used in the last 12 months  Used prior to the last 12 months  Have never used

If applicable, list drugs injected in order of regularity in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Day Program? \_\_\_\_\_

Are you required by anyone to complete the Day Program?  Yes  No

If yes, please explain: \_\_\_\_\_



# Day Program Intake Form

(Adapted from the Alcohol and Drug Information Admission/Discharge Form 2007)

## Substances used in the last 12 months:

Substance	Used		Problematic	
	Yes	No	Yes	No
Alcohol				
Hallucinogens (e.g., LSD, Mushrooms, MDMA)				
Marijuana/Hash				
Narcotics prescribed to you (e.g., Codeine, methadone, Morphine)				
Sedatives/Hypnotics (e.g., Halcion, reds)				
Inhalants				
Antidepressants				
Tranquillizers (e.g., Ativan, Valium)				
Non-prescribed narcotics (Dilaudid, morphine, heroin)				
Steroids				
Lysol				
Crack/cocaine				
Nicotine				
Any additional stimulants (e.g., Ritalin)				
Crystal Meth				

**Are you pregnant?** Yes No **If yes, expected due date?** \_\_\_\_\_

**Are you taking prescribed methadone?** Yes No **If yes, what is your dose?** \_\_\_\_\_

**Are you taking prescribed psychiatric medication?** Yes No

**Legal Status:**

- Young offender  
 Probation order  
 Parole order  
 Charges pending  
 Pre-trial condition  
No legal involvement  
 Incarcerated/early release  
 Family court order  
Other, please explain: \_\_\_\_\_

**Number of criminal code conviction in last 5 years:** \_\_\_\_\_

**In the last two years, how many of the above were impaired driving convictions?** \_\_\_\_\_

**Please list all the addiction related programs you have taken part in within the last two years:**

\_\_\_\_\_