

INTAKE FORM^{1,2}

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REASON FOR PRESENTING: _____

CURRENT SUBSTANCE USE: _____

Type: _____

Frequency: _____

Quantity: _____

Mode: _____

Last use: _____

HISTORY OF SUBSTANCE USE/SUBSTANCE USE TREATMENTS: _____

CURRENT GOALS:

- withdrawal support
- harm reduction
- abstinence
- mental health
- other:

OTHER PROVIDERS: _____

MENTAL HEALTH HISTORY: _____

FORMAL DIAGNOSIS MADE: Yes No

¹ Adapted from materials provided courtesy of the Northwestern Ontario Regional RAAM Steering Committee.

² Simple intake forms help ensure useful information is captured at first visit without being overly burdensome on the client.

SUICIDE RISK/ASSESSMENT: _____

MEDICAL HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

SOCIAL SUPPORTS: _____

CHILDREN AT HOME: _____

BASIC NEEDS: _____

LEGAL ISSUES: _____

SAFETY ISSUES: _____

WORK SAFETY CONSIDERATIONS: _____

TREATMENT PLAN: _____
