



# East Kootenay

## Addiction Services Society

### Welcome to East Kootenay Addiction Services

*We are a non-profit society with the mission to “provide excellent services which promote the well-being of people affected by, or at risk of developing substance use problems.” The Society has a Board of Directors who oversee the operations of the Agency. We are contracted with the Interior Health Authority and the Ministry of Children and Family Development to provide substance use services in the East Kootenay, and have offices in Cranbrook, Kimberley, the Elk Valley, the Columbia Valley, Creston and Golden. We comply with Addiction Services Program standards that ensure professional practice and quality services are delivered in all program areas. Our services are free and confidential.*

*Our philosophy is to respect the integrity of every individual. We believe everyone is responsible for their own physical, emotional, social and spiritual health, and that each person has the right to make informed choices to promote their health and well-being. Our clinical practice adheres to the bio-psycho-social-spiritual model of addictions and we provide services from a harm reduction perspective.*

*All staff, volunteers, and students delivering services for EKASS adhere to a Code of Ethics. The Code of Ethics is based on excellence in service, fairness, respect for human rights and the dignity of all people, and accountability. East Kootenay Addiction Services Society hires qualified counsellors who are supervised by a clinical practitioner. Counsellors maintain high skill levels and receive continuing education to further increase knowledge and skills in counselling and substance use related issues. A commitment to confidentiality is required of all employees, volunteers and students. Copies of our clinical practice model and the Code of Ethics are available for you to read.*

*The East Kootenay Addiction Services Society has policies and procedures for investigating behaviour that may be misguided or unethical on the part of a staff member, volunteer or student. If you have a complaint about the services you have received, you may speak to any staff or Board member and they will ensure that your concerns are addressed.*

#### **Cranbrook**

202-1617 Baker St.  
Cranbrook, BC V1C 1B4  
Ph: (250) 489-4344  
1-877-489-4344  
Fax: (250) 489-1020  
info@ekass.com

#### **Columbia Valley**

1317 7th Ave., Box 2289  
Invermere, BC V0A 1K0  
Ph: (250) 342-3868  
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amorin@ekass.com

#### **Creston**

223 16<sup>th</sup> Ave N, Box 1520  
Creston BC V0B 1G0  
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jmiller@ekass.com

#### **Elk Valley**

802 Second Ave, Box 2049  
Fernie, BC V0B 1M0  
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1-800-644-6144  
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dmartin@ekass.com

#### **Golden**

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Fax: (250) 344-5225  
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# EAST KOOTENAY ADDICTION SERVICES SOCIETY CLIENT INTAKE

<b>First Name</b>	<b>Last Name</b>	<b>Previous Last Name</b> (if applicable)
<b>BC Care Card Number</b>	<b>Birth Date</b> (year/month/day)	<b>Gender</b>
<b>Street Address and Box Number</b>		<b>Postal Code</b>
<b>Phone Number</b>	<b>Alternate Phone Number</b>	<b>Is it OK to leave a message?</b> Yes    No
<b>Emergency Contact Name</b>	<b>Your relationship to this person</b>	<b>Emergency Contact Phone Number</b>
<b>Family Physician/Nurse Practitioner</b>	<b>Are you of Aboriginal ancestry?</b> Yes    No	<b>Do you have a Status Card?</b> Yes    No

<b>Please circle the reason you are here:</b>			Your own substance use	Someone else's substance use				
<b>If you are here because of someone else's substance use, circle your relationship with that person:</b>								
Partner	Parent	Child	Friend	Employee/ Co worker	Other			
<b>Who recommended that you contact us?</b>								
Self	Family	Probation	Doctor	MCFD	School	Employer	Other (specify)	
<b>What are your specific expectations/goals for being seen at East Kootenay Addiction Services?</b>								
<b>Are you currently receiving counselling or support from any other service? If yes, please list</b>							Yes	No
<b>Have you ever attempted suicide or seriously harmed yourself? If yes, please explain</b>							Yes	No
<b>Are you currently having thoughts of suicide or harming yourself? If yes, please explain</b>							Yes	No

### Identify the Substance(s) you are Currently Concerned About

Substance	Level of Concern			Date of last use?
	Low	Medium	High	
Alcohol				
Marijuana/Hash				
Cocaine/Crack				
Opioids (heroin, morphine, Fentanyl, etc.)				
Benzodiazepines (Valium, Ativan, Xanax etc.)				
Club drugs (ecstasy, Ketamine, GHB etc)				
Hallucinogens (mushrooms, LSD, Salvia, etc)				
Amphetamines (crystal meth, Dexedrine, Ritalin, etc)				
Tobacco/E-cigarettes				
Other Drugs (specify)				

Many people that come to our Agency have had problems with the following concerns. Please answer whether you have had any of these concerns, as this will help us to give you the best support. After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was: In the past month (4), 2 or 3 months ago (3), 4 to 12 months ago (2), 1 or more years ago (1), or never (0)

	In the past month	2 or 3 months ago	4 to 12 months ago	1 or more years ago	never
<b>1. When was the last time that.....</b>					
a. you used alcohol or drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or getting other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g. feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people.	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or drugs to stop from being sick or avoid withdrawal problems?	4	3	2	1	0

<b>2. When was the last time that you had significant problems with.....</b>					
a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen.	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0

<b>3. When was the last time that you did the following things <u>two</u> or more times?</b>					
a. lied or conned to get things you wanted or to avoid having to do something	4	3	2	1	0
b. had a hard time paying attention at school, work, or home	4	3	2	1	0
c. had a hard time listening to instructions at school, work, or home	4	3	2	1	0
d. had a hard time waiting for your turn	4	3	2	1	0
e. were a bully or threatened other people	4	3	2	1	0
f. started physical fights with other people	4	3	2	1	0
g. tried to win back your gambling losses by going back another day	4	3	2	1	0

<b>4. When was the last time that you....</b>					
a. had a disagreement in which you pushed, grabbed, or shoved someone?	4	3	2	1	0
b. took something from a store without paying for it?	4	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	4	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0

<b>5. When was the last time that you had significant problems with..(not related to alcohol or drug use)</b>					
a. missing meals or throwing up much of what you did eat to control your weight?	4	3	2	1	0
b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?	4	3	2	1	0
c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	4	3	2	1	0
d. thinking or feeling that people are watching you, following you, or out to get you?	4	3	2	1	0
e. video game playing or internet use that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?	4	3	2	1	0
f. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home or social events?	4	3	2	1	0

Client Signature \_\_\_\_\_

Date \_\_\_\_\_