



For more information
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Welcome

We are a non-profit society whose mission is to “provide excellent services which promote the well being of people affected by, or at risk of developing addictions.” We are contracted with the Interior Health Authority and the Ministry of Children and Family Development to provide addiction 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. This is a free service.

Our philosophy is to respect the integrity of every individual. We believe in the right of each person to determine his/her own life and to choose actions that lead to his/her health and well being. We believe that every individual is responsible for his/her own physical, emotional, social and spiritual health. Our clinical practice adheres to the biopsychosocial spiritual model. Copies of this model of clinical practice and the Code of Ethics are available for you to read in our library.

All staff, volunteers, and students delivering services adhere to a Code of Ethics. The Code of Ethics is based on excellence in service to the public, 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 are expected to remain current and/or receive continuing education that increases knowledge and skills in counselling and addiction related issues. A commitment to confidentiality is obtained at the time of hire for all employees.

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. If you have a complaint, staff will help you to reach a resolution to the problem.

**EAST KOOTENAY ADDICTION SERVICES SOCIETY
CLIENT INTAKE**

Last Name		Given Name		Maiden Name (if applicable)	
BC Care Card Number			Birth Date (year/month/day)		Male or Female
Street Address and Box Number				Postal Code	
Phone Number(s):				Is it OK to leave a message?	
				Yes No	
Emergency Contact Name		Your relationship to this person		Emergency Contact Phone Number	
Family Physician					

Marital Status	Employment Status	Education
Single, never married Married Common law/long term relationship Separated Divorced Widow/Widower	Full time Full time seasonal Part time Part time seasonal Unemployed Retired Student Homemaker Not in labour force due to disability	Elementary or some high school Graduated high school Some college, vocational, technical or trade Undergraduate degree Graduate study or degree

Are you of Aboriginal ancestry? Yes No	Are you a band member? Yes No	Do you live on a reserve? Yes No
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Please circle the reason you are here: Your own substance use Someone else's substance use

If you are here because of someone else's substance use, circle your relationship with that person:

Partner Parent Child Other relative Friend Co worker Employer Other

Who referred you to us?
Self Family Probation Doctor MCFD School Other (specify)

What are your specific expectations/goals for being seen at East Kootenay Addiction Services?

Please complete this drug use history and circle the substances you are most concerned about.

Substance	Ever used? Yes or No	How many days have you used in the last 30 days?	Date of last use?
Alcohol			
Marijuana/Hash			
Cocaine/Crack			
Hallucinogens (mushrooms, LSD, salvia etc.)			
Club drugs (ecstasy, Ketamine, GHB etc)			
Opiates (heroin, morphine, Dilaudid etc.)			
Benzodiazepines (Valium, Ativan, Xanax etc.)			
Amphetamines (crystal meth, Dexedrine etc.)			
Prescription or over the counter drugs			
Other drugs			

Please circle Yes or No for each of the following questions:

<p>Have you ever been given a mental health diagnosis by a qualified mental health professional? Yes No</p> <p>If yes, please explain</p>	
<p>Have you ever been hospitalized for a mental health-related illness? If yes, please explain Yes No</p>	
<p>Are you currently being seen by someone with mental health services (i.e. Counsellor, Psychiatrist, Support Worker)? If yes, please name Yes No</p>	
<p>Are you currently receiving counselling or support from any other service? If yes, please list Yes No</p>	
<p>Have you ever attempted suicide or seriously harmed yourself? If yes, please explain Yes No</p>	
<p>Are you currently having thoughts of suicide or harming yourself? If yes, please explain Yes No</p>	

Please circle how you would currently rate the following areas of your life

Physical health	Excellent	Good	Fair	Poor	N/A
Emotional and mental health	Excellent	Good	Fair	Poor	N/A
Family functioning	Excellent	Good	Fair	Poor	N/A
Social involvement and support	Excellent	Good	Fair	Poor	N/A
Employment or educational status	Excellent	Good	Fair	Poor	N/A
Legal problems and criminal justice involvement	Excellent	Good	Fair	Poor	N/A

Client Signature

Date