



For more information
visit our website at
www.ekass.com

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.

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
Fax: (250) 342-3850
amorin@ekass.com

Creston

223 16th Ave N, Box 187
Creston BC V0B 1G0
Ph: (250) 428-5547
Fax: (250) 428-5175
jmiller@ekass.com

Elk Valley

802 Second Ave, Box 2049
Fernie, BC V0B 1M0
Ph: (250) 423-4423
1-800-644-6144
Fax: (250) 423-6698
gsmith@ekass.com

Golden

421 9th Ave N, Box 415
Golden BC V0A 1H0
Ph: (250) 344-2000
Fax: (250) 344-5225
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**EAST KOOTENAY ADDICTION SERVICES SOCIETY
CLIENT INTAKE**

Last Name	First 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	Alternate Phone Number	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)
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What are your specific expectations/goals for being seen at East Kootenay Addiction Services?
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Please complete this brief history of YOUR substance use.

Substance	Ever used? Yes or No	How many days have you used in the last 30 days?	Date of last use?
Alcohol			
Tobacco			
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:

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

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

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

Client Signature

Date