



The personal information recorded on this form is collected from the client for the purpose of administering, monitoring and assessing the services and outcomes of addictions programmes funded by the Ministry of Health. Collecting this information is permitted under the Freedom of Information and Protection of Privacy Act. The information collected may be subject to disclosure according to the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to the Addictions Help Desk, (250) 952-1234; 1-2, 1515 Blanshard Street, Victoria, B.C. V8W 3C8.

CLIENT INFORMED

OFFICE IDENTIFICATION: Program Type, Agency Code, Office Code

TRACKING NUMBER: 000

The tracking number entered above must correspond to the tracking number from the client's intake form.

CLIENT IDENTIFICATION

Personal Health Number, Last Name, Given Name (Full Name), Gender, Date of Birth, INTAKE DATE, DISCHARGE DATE, FOLLOW-UP DATE

EFFECTIVENESS - Rate using scale below

- 1 - Excellent, 2 - Good, 3 - Fair, 4 - Poor, N - unable to contact Client

Table with columns: INTAKE, DISCHARGE, FOLLOW-UP and rows: Physical Health, Emotional/Mental Health, Employment/Vocational/Educational Status, Social Condition, Criminal Justice Involvement, Signifiant Relationship Conditions, Housing Conditions, Service Outcome, Satisfaction with Service

SUMMARY DATA (Complete when client leaves program) (e.g. 2006 FEB 02)
Assessment Completed Date:
TOTAL NUMBER OF SESSIONS: Individual, Group, Family, Medical, Off Site

OTHER DRUG MISUSE

Table with columns: Drug Type, Age of First Use, Intake Days Using, Discharge Days Using, Follow-up Days Using

ALCOHOL USE

Age of First Use
INTAKE: Excessive Days, Moderate Days
DISCHARGE: Excessive Days, Moderate Days
FOLLOW-UP: Excessive Days, Moderate Days