Ministry of Health

BRITISH

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Mental Health & Substance Use

ADDICTIONS INFORMATION MANAGEMENT SYSTEM CLIENT INFORMATION

Your information is collected by the Ministry of Health and Health Authority under s.26 (c) and (e) the Freedom of Information and Protection of Privacy Act (FOIPPA) to help plan and monitor services. The information provided is confidential and only used under the authority of the FOIPPA. If you have any questions about the collection, use or disclosure of this information that staff cannot answer, you may contact the AIMS Help Desk, AIMSHelp@gov.bc.ca or telephone 236-478-0305 (toll free 1-844-478-0305). PLEASE PRESS HARD - YOU ARE MAKING TWO COPIES 0000000001 **OFFICE IDENTIFICATION** Office Code YYYY MON DD Program Type Agency Code Date Referral Source PART 1 - CLIENT IDENTIFICATION Personal Health Number Last Name Given Name (Full Name) Gender Birthdate Current Injection Drug Use YYYY MON DD **Employment Status** Methadone Maintenance DATA NO LONGER COLLECTED Yes No Yes No Number of Dependent Children Postal Code Marital Status Primary Language other than English Educational Level Aboriginal Ancestry Aboriginal Information DATA NO LONGER COLLECTED PART 2 - CLIENT TYPE Problem Problem Relation Relation Driver's License No. Substance Substance D.W.I. Gambling Gambling Misuse Affected Affected **Problem Gambling Only** DATA NO LONGER COLLECTED 3.\$25,001 to \$35,000 7. Don't Know 2.\$15,001 to \$25,000 4. \$35,001 to \$50,000 8. Refused **INCOME LEVEL** PART 3 - CLIENT INFORMATION Check all substances misused and circle primary drug of choice MAST MTST 1. Alcohol 4. Hallucinogen 7. Heroin 10. Illicit Methadone 13. Over the Counter Drugs 14. Other Prescription Drugs 8. Opiate 2. Cannabis 5. Barbiturate 11. Benzodiazepine DAST SOGS(A) 3. Cocaine 6. Amphetamine 9. Inhalant 12. Other 15. Crystal Methamphetamine / Methamphetamine PART 4 - ACTIVITY ADMITTED DATE SERVICE PROVIDER CODE YYYY MON DD When the client is admitted to this program, send copy 3 of the AIMS CLIENT INFORMATION form to Central Office If the client has been screened, and is not admitted to this program, send copies 2 and 3 to Central Office. If the client has been screened, is not admitted to this program, but is referred to another service, fill in the REFERRAL information below and send copies 2 and 3 to Central Office. REFERRAL - Use this section to record all referrals (to Addiction Services Programs and to the community) for this client. REFERRAL DATE DATE REFERRAL SERVICE PROVIDER CODE SERVICE PROVIDER CODE YYYY MON DD YYYY MON DD TARGET TARGET DATE SERVICE PROVIDER DISCHARGED CODE YYYY MON DD • ONE ONLY: COMPLETED INCOMPLETE CLIENT DECEASED 1 1

Clients admitted to this program must be discharged when no longer receiving services at this program. Upon discharge, send copy 2 of the AIMS CLIENT INFORMATION form to Central Office.

Ministry of OLUMBIA | Health

Mental Health & Substance Use

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BRITISH

OFFICE IDENTIFICATION

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Program Type	Agency Code	Office Code	Referral Source	Date YYYY MON DD	
PART 1 - CLIEI	NT IDENTIFICA	TION			
Personal Health Numb)er	Last Name		Given Name (Full Name)	Gender
Birthdate YYYY MON	DD				

PART 2 - CLIENT TYPE

PART 3 - CLIENT INFORMATION Check all substances misused and circle primary drug of choice

PART 4	- ACTIVITY												
REFERRAL	- Use this section to reco	ord all referra	lls (to Addiction S	Services Programs	s and to the com	munity) for this	s client.						
	DATE YYYY MON DD	SERVICE PROVIDER CODE		REFERRAL TARGET		DAT YYYY MO	re On dd	SERV	ICE PRO	OVIDER	CODE	ERRAL RGET	
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DISCHARGED			DATE	YYYY MON	DD		SERVICE F CO	PROVIDER DE]
√ (ONE ONLY:	COMPLETED		INCOM	IPLETE		CLIENT	DECEASE	D				
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Ministry of Health

ADDICTIONS INFORMATION MANAGEMENT SYSTEM **CLIENT INFORMATION**

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COPY 3 - TO CENTRAL OFFICE AT INTAKE