



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

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OFFICE IDENTIFICATION

Form with fields: Program Type, Agency Code, Office Code, Referral Source, Date (YYYY MON DD)

PART 1 - CLIENT IDENTIFICATION

Form with fields: Personal Health Number, Last Name, Given Name (Full Name), Gender, Birthdate, Employment Status, Youth Justice Act Client, Methadone Maintenance, Current Injection Drug Use, Postal Code, Marital Status, Educational Level, Number of Dependent Children, Primary Language other than English, Aboriginal Ancestry, Band Member, Aboriginal Information, On Reserve

PART 2 - CLIENT TYPE

Form with checkboxes: Substance Misuse, Substance Affected, Problem Gambling, D.W.I., Driver's License No., Household Income Level (1-8)

PART 3 - CLIENT INFORMATION

Check all substances misused and circle primary drug of choice

Form with checkboxes for substances (1-15) and tables for MAST, MTST, DAST, SOGS(A)

PART 4 - ACTIVITY

Form with fields: ADMITTED, DATE, SERVICE PROVIDER CODE, and instructions for when to send copies to Central Office

REFERRAL - Use this section to record all referrals (to Addiction Services Programs and to the community) for this client.

Table with columns: DATE (YYYY MON DD), SERVICE PROVIDER CODE, REFERRAL TARGET

Table with columns: DATE (YYYY MON DD), SERVICE PROVIDER CODE, REFERRAL TARGET

Form with fields: DISCHARGED, DATE, SERVICE PROVIDER CODE, ONE ONLY, COMPLETED, INCOMPLETE, CLIENT DECEASED, and instructions for discharge



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OFFICE IDENTIFICATION

Form with fields: Program Type, Agency Code, Office Code, Referral Source, Date (YYYY MON DD)

PART 1 - CLIENT IDENTIFICATION

Form with fields: Personal Health Number, Last Name, Given Name (Full Name), Gender

Form with field: 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 record all referrals (to Addiction Services Programs and to the community) for this client.

Table with 3 columns: DATE (YYYY MON DD), SERVICE PROVIDER CODE, REFERRAL TARGET

Table with 3 columns: DATE (YYYY MON DD), SERVICE PROVIDER CODE, REFERRAL TARGET

Form with fields: DISCHARGED, DATE (YYYY MON DD), SERVICE PROVIDER CODE, CLIENT DECEASED, and checkboxes for ONE ONLY, COMPLETED, INCOMPLETE

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.



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OFFICE IDENTIFICATION

Form with fields: Program Type, Agency Code, Office Code, Referral Source, Date (YYYY MON DD)

PART 1 - CLIENT IDENTIFICATION

Form with fields: Personal Health Number, Last Name, Given Name (Full Name), Gender, Birthdate, Employment Status, Youth Justice Act Client, Methadone Maintenance, Current Injection Drug Use, Postal Code, Marital Status, Educational Level, Number of Dependent Children, Primary Language other than English, Aboriginal Ancestry, Band Member, Aboriginal Information, On Reserve

PART 2 - CLIENT TYPE

Form with checkboxes: Substance Misuse, Substance Affected, Problem Gambling, D.W.I., Driver's License No., Household Income Level (1-8)

PART 3 - CLIENT INFORMATION

Check all substances misused and circle primary drug of choice

Form with checkboxes for substances (1-15) and a table with fields: MAST, MTST, DAST, SOGS(A)

PART 4 - ACTIVITY

Form with fields: ADMITTED, DATE (YYYY MON DD), SERVICE PROVIDER CODE, and instructions for client admission and referral.

REFERRAL - Use this section to record all referrals (to Addiction Services Programs and to the community) for this client.

