



Intake Assessment Form

TAMARACKRECOVERY CENTRE
60 Balmoral Street, Winnipeg, Manitoba, R3C 1X4
Intake: 204-775-3546, Fax: 204-772-9908
info@tamarackrecovery.org



OUR VISION

Healthy people, free from addiction.

OUR MISSION

To provide a safe, welcoming environment where individuals are supported in recovery to realize their full potential.

OUR VALUES

Our values are based on a dedication and commitment to:

Safety

Creating a warm, welcoming environment where the safety and care of all is key.

Integrity

Holding ourselves to the highest standards of personal and professional integrity, reflected in our ongoing commitment to ethical practice and serving as an example to all.

Respect

Recognizing and valuing diversity, being responsive to personal recovery needs and treating all people as unique individuals deserving of the best care.

Excellence

Using our knowledge and experience to deliver the highest quality services and seek out opportunities to improve and excel.

Compassion

Inspiring hope through our belief in the fundamental value of every human being, their resilience and ability to change.

TAMARACK RECOVERY CENTRE INTAKE ASSESSMENT FORM

The purpose of this questionnaire is to obtain information that will help determine whether Tamarack Recovery Centre is a program that will contribute to your recovery process. Completing this form as fully and accurately as possible will expedite the process of assessing your suitability for the program at Tamarack. Please be assured that all information you provide will be kept confidential, in accordance with the legal and ethical guidelines of the Canadian Association of Social Workers (CASW).

PLEASE PRINT YOUR ANSWERS. If you need additional space, please use the note section on page 8. If you require assistance completing this form, please telephone our Intake Specialist at 204-775-3546.

Date: _____ Name of Applicant: _____

Name of Person Completing this Form: _____

Relationship to Applicant: _____

APPLICANT INFORMATION		
Last Name _____		First Name _____
Home Address _____		
City _____	Province _____	Postal Code _____
Home Phone: _____	Message OK? Y / N	MHSC# _____
Cell Phone: _____	Message OK? Y / N	PHIN# _____
Other: _____	Message OK? Y / N	
Date of Birth: _____		Age: _____
Sex Assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say		
What gender do you identify as? <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary/ third gender <input type="checkbox"/> Prefer to self-describe _____ <input type="checkbox"/> Prefer not to say		
Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> A pronoun not listed <input type="checkbox"/> No pronoun preference		

REFERRAL SOURCE	
	Self
	Other (Name and Organization) _____
<p>How did you/they hear about Tamarack? (website; radio; newspaper; organization; family member)</p> <p>_____</p> <p>_____</p>	

EMPLOYMENT STATUS / INCOME SOURCE		Please tick and complete.
Employed Full-Time: Employer _____		
Employed Part-Time: Employer _____		
Correctional Facility: _____		
EIA		Retired
Short-Term Disability		Work at Home
Long-Term Disability		Student at (program) _____
Employment Insurance -EI		Volunteer/Service Work at: _____

CONTACT INFORMATION

In order to provide the best service possible, it may be necessary to contact the following people. Please provide names and contact information for the people/professionals that are involved in your life. All personal information will be kept confidential in accordance with the legal and ethical guidelines of CASW, and will not be communicated to sources outside Tamarack without your written consent.

<p>Emergency Contact</p> <p>Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>Home Phone _____</p> <p>Other Phone _____</p>	<p>Other Agencies / Professionals (e.g. EIA Worker)</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Last Visit (approx. date) _____</p>
<p>Family Physician</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Last Visit (approx. date) _____</p>	<p>Psychiatrist</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Last Visit (approx. date) _____</p>
<p>Psychologist/Therapist/Mental Health Worker</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Last Visit (approx. date) _____</p>	<p>Parole Officer</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Last Visit (approx. date) _____</p>

MEDICAL INFORMATION

Do you have Hep C? (please circle)	Yes	No	Do you have TB? (please circle)	Yes	No
Do you have HIV? (please circle)	Yes	No			

Do you currently have any other **physical health** concerns or major illnesses for which you may be receiving medical treatment? Please describe:

ADDICTION/TREATMENT HISTORY

What are the current circumstances that have motivated you to apply to Tamarack Recovery Centre?

What is your drug of choice? _____ Date last used? _____

Please list other drugs used:

Have you ever used injection drugs? Yes No If Yes, date last used: _____

Age first used Alcohol/Drugs _____

How frequently do you typically use substances? _____

When do you typically use substances? _____

What Withdrawal Symptoms have you experienced when you have tried to stop using? _____

Have you ever overdosed? Yes No On which substance did you overdose? _____

What other addictive behaviours do you currently struggle or have you struggled with? (tick all that apply)

<input type="checkbox"/>	Gambling/Gaming	<input type="checkbox"/>	Spending	<input type="checkbox"/>	Internet
<input type="checkbox"/>	Food	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Relationships
<input type="checkbox"/>	Other: _____				

PREVIOUS TREATMENT PROGRAMS ATTENDED

Name	Date	Complete program?	What did you gain?

Are Self-Help Groups (e.g. AA/CA/ Refuge for Recovery/ SOS/ SMART) part of your Recovery Plan?
(please circle) Yes No

Please explain why or why not _____

Name of Home Group? _____

Do you have a sponsor? Yes No If no, do you plan on getting a sponsor? Yes No

LEGAL

List Current Charges	Details _____
Criminal/ Civil Charges Pending Yes No	Details _____
Outstanding Warrants Yes No	
Bail (probations) Conditions Yes No	

