



TAMARACK
RECOVERY CENTRE

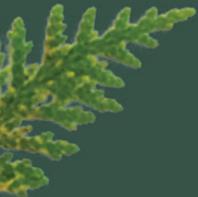
Intake Assessment Form

TAMARACK RECOVERY CENTRE

60 Balmoral Street, Winnipeg, Manitoba, R3C 1X4

Intake: 204-775-3546, Fax: 204-772-9908

info@tamarackrecovery.org





Tamarack is a safe space for everyone. We want all our clients, visitors and staff to feel welcome here, irrespective of religious beliefs, culture, race, gender, and sexual orientation. We strive to uphold our values of compassion and respect and aim to create a family-like atmosphere where everyone feels accepted, supported and able to express who they are.

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.*



This publication and all others related to your treatment are available in alternate formats on request. Please contact our Intake Specialist at 204-775-3546 who will be happy to help.

Tamarack Recovery Centre

Intake Assessment Form

The purpose of this form is to obtain initial information about you in order to start the application process for treatment at Tamarack. Once your form is received, our Intake Specialist will contact you and you will have the opportunity to expand on your answers and provide further information when you talk with them either by phone or in-person interview. If you require assistance completing this form, please telephone our Intake Specialist at 204-775-3546. Please be assured that all information you provide will be kept confidential, in accordance with PHIA Guidelines. See Tamarack's **Privacy Policy** for more information

Please save the completed form and email to the address at the bottom.

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

Cell Phone _____ Message OK? Y N

Other _____ Message OK? Y N

Date of Birth: _____ Age: _____

Sex Assigned at birth: Female Male Intersex Prefer not to say

What gender do you identify as? Woman Man Non-binary/third gender

Prefer to self-describe _____

Prefer not to say

Preferred Pronoun: He She They Ze A pronoun not listed No pronoun preference

Referral Source

Self

Other (Name and Organization) _____

How did you/they hear about Tamarack? (website; radio; newspaper; organization; family member)

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: _____

Medication

Are you currently taking prescription medication for physical or mental health reasons? Yes No
If yes, please provide the following information for the medication you have been prescribed:

MEDICATION	PURPOSE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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:

How frequently do you typically use substances? _____

What withdrawal symptoms have you experienced when you have tried to stop using?

Have you ever overdosed (accidentally or otherwise)? Yes No

On which substance did you overdose? _____

When? _____

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

Gambling/Gaming Spending Internet Food Sex Relationships

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?

Yes No

Legal

Criminal/ Civil Charges Pending Yes No

Outstanding Warrants Yes No

Restraining Orders Yes No

Court Hearing Dates Yes No

Bail (probations) Conditions Yes No

Please provide details of current and past charges as referenced above.

CHARGES	DATE OF CHARGE
_____	_____
_____	_____
_____	_____
_____	_____



Personal Goals

At this point in time do you feel that there are any barriers or challenges to you being able to access residential treatment at Tamarack (financial, personal, motivational, mental or physical, for example)?

Yes No

If Yes, please describe:

What goals would you like to achieve by coming to Tamarack?

Is there any additional information you would like us to know?

Please note: We reserve the right to terminate a client's stay if the information on the application form is later found to be deliberately incorrect or new information emerges that has been deliberately withheld.

Applicant's signature _____ Date _____

If available, a digital signature can be input above. When complete, please save this PDF and email to:

info@tamarackrecovery.org

