

**CENTRE JUBILEE CENTRE
CATALYST CLIENT INFORMATION**

Revised: Dec 02, 2015

First Name: _____ Last Name: _____ D.O.B.: _____ Age: _____
 (dd/mm/yyyy)
 Gender: **F / M** Last Name at Birth: _____ Health Card #: _____
 Band/Status Card No: _____

INTAKE DATE: _____ **INTAKE TIME:** _____

Address Effect. Date: _____ Address: _____ Apt: _____
Is this your mailing address Y/N **Your residence address Y/N**

City: _____ Province: _____ Postal Code: _____ County: _____

Home ☎: (____) _____ Other ☎: (____) _____
 Okay to: Call **Y / N** Leave Msg. **Y / N** Okay to: Call **Y / N** Leave Msg. **Y / N**

Current residence location if different from above:

Accommodation(s) (residence type):

Hostel/Shelter _____	Private house/Apt.SR owned/Market Rent _____
No fixed address _____	Private house/Apt. Other subsidized _____
Rooming/Boarding _____	Municipal non-profit housing _____

Couch surfing Y / N If yes, please identify the residence type from the above category

Other: _____

Living arrangements:

Self _____	Children _____	Parents _____
Spouse/partner _____	Relative(s) _____	Non-relative(s) _____
Spouse/partner & others _____	Unknown or SR declined _____	

Mother Tongue: _____ **Preferred Language:** _____
Ethnicity: _____

Emergency Contact: _____ Relation: _____ Home ☎: (____) _____
 Other ☎: (____) _____

Referring Source Agency Type/Name: _____

Tel. ☎: (____) _____ Agency Contact _____

Fax: (____) _____

Referral date: _____

Main Client Y/N

Readmission Y/N

Case Worker: _____

Presenting Issues (contact):

Accommodations	___	Educational	___	Life skills	___
Add/Subst Abuse Relapse Prevention	___	Employment	___	Literacy issues	___
Add/Subst Abuse Withdrawal	___	Emotional Mental Health/others	___	Parenting/Child	___
Add/Subst. Abuse by others	___	Emotional Mental Health/self	___	Physical Abuse victim	___
Add/Subst. Abuse by self	___	Financial	___	Physical health	___
Anger/Aggressive/Violence by self	___	Gambling	___	Sexual Abuse victim	___
Child Welfare involvement	___	Gambling by others	___	Social Isolation	___
Criminal Justice	___	Learning/Cognitive issues	___	Spousal/Partner	___
Eating Disorder	___	Legal	___	Suicidal	___

Substances Used in Past 12 Months (check as many as required)

1. Alcohol	___	8. Crystal Meth	___	14. Other psychoactive drugs	___
2. Amphet/other stimulants	___	9. Ecstasy	___	15. OTC codeine prep	___
3. Barbiturates	___	10. Glue/other inhalants	___	16. Prescription opioids	___
4. Benzodiazepines	___	11. Hallucinogens	___	17. Steroids	___
5. Cannabis	___	12. Heroin/Opium	___	18. Tobacco	___
6. Cocaine	___	13. None	___	19. Undifferentiated	___
7. Crack	___			20. Unknown	___

Presenting Programs Substances

	Substance codes	Frequency of use	
	See above	in past 30 days	1. Did not use
Major	_____	_____	2. 1-3 times monthly
1 st other	_____	_____	3. 1-2 times weekly
2 nd other	_____	_____	4. 3-6 times weekly
3 rd other	_____	_____	5. Daily
4 th other	_____	_____	6. Binge
			7. Unknown

Non-Medical Injection Drug Use: Never _____ Prior to 1 year _____ Past 12 months _____ Unknown _____

Mandatory Treatment: Y / N

Charges Pending: Y / N

What are the charges: _____

Correctional Facility in past 6 months: Y / N

Location: _____

1. None

2. Choice between treatment or prison

3. Condition of probation/parole – Probation Start _____ to _____

4. Child Welfare Authority (C.A.S.)

5. Conditions of Ontario Works

6. Condition of Employment

7. Condition of school

8. Condition of family

9. Other

Highest level of Education attained: _____

Legal Status

IF UNDER 18, Young Offender: Y / N

No legal problem _____

Pre-charge diversion _____

Court Diversion Program _____

On bail – awaiting trial _____

On probation _____

On parole _____

Waiting trial or sentence _____

Other _____

Relationship Status:

Married/partnered/common-law _____

Separated _____

Single _____

Divorced _____

Widow or Widower _____

Unknown _____

Employment Status (enter only one)

Self / Employed full time _____

Disabled (not working) _____

Unknown _____

Unemployed (looking for work) _____

Not in labour force _____

Student/training _____

Retired _____

Income Source

Disability Insurance _____

Ontario Works _____

Employment _____

Other _____

Employment Insurance _____

Other insurance _____

None _____

Retirement Income _____

ODSP _____

Unknown _____

Family Physician: _____ Tel. ☎: (_____) _____

Number of Children: _____ Ages of Children in Client's Custody: _____

M E D I C A L

Number of overnight hospitalizations in the last 12 months for physical problems: _____ Unknown _____
Reason for most recent hospitalization: _____

Diagnosed with a mental health problem by a qualified mental health professional:

Within last 12 months: **Yes** ___ **No** ___ **Unknown** ___ Most Recent Diagnosis #1: _____
Within lifetime: **Yes** ___ **No** ___ **Unknown** ___ Most Recent Diagnosis #2: _____

Hospitalized with a mental health problem:

Within the last 12 months please complete:

Within last 12 months: **Yes** ___ **No** ___ **Unknown** ___ **Adm date:** _____ **Disch. Date:** _____
Within Lifetime: **Yes** ___ **No** ___ **Unknown** ___ **Name of hospital** _____

Received Counselling/support/treatment for a mental health, emotional, behavioral or community mental health program or professional:

Currently: **Yes** ___ **No** ___ **Unknown** ___ Name/☎ of service provider: _____
Within last 12 months: **Yes** ___ **No** ___ **Unknown** ___ Within Lifetime: **Yes** ___ **No** ___ **Unknown** ___

Prescribed medication for a mental health problem:

Currently: **Yes** ___ **No** ___ **Unknown** ___ Within lifetime: **Yes** ___ **No** ___ **Unknown** ___
Within last 12 months: **Yes** ___ **No** ___ **Unknown** ___

Visual Impairment: Y/N Hearing Impairment: Y/N Mobility/Physical Impairment: Y/N Pregnant: Y/N or NA

Problem Gambling: Yes _____ **No** _____ **Unknown** _____

Gambling Activities Engaged in the Past 12 months:

Bingo (live/TV/radio) _____	Slot Machines _____	Gaming Machine _____
Casino Card/Table Games _____	Informal/Illegal _____	Horse races (live/off-track) _____
Sport Betting _____	Lottery/Tickets _____	Instant win/scratch tickets _____
Internet Gambling _____	Stock Market/Real Estate _____	Games of skill _____
Outcome of events _____	50/50 draw, pay cheque draw _____	None _____
Unknown _____		

If answer to Problem Gambling is “Yes” what is treatment plan?

Declined treatment _____ Not applicable _____
Referred to designated gambling agency _____ Treated within this agency _____
Treatment plan not established _____

If answer to Problem Gambling is “Yes” and the Gambling form was not completed, please indicate reason:

Client declined treatment _____ Client dropped out/withdrew _____
Client refused _____ Clinically inappropriate _____
Deceased _____ Form filled out incorrectly by client _____
Literacy issues/language barrier _____

List all current prescribed medications/vitamins and their purpose(s):

Health Conditions/Problems:

Methadone/Opioid Substitute:

COMPLETED BY NAME (please print)

DATE: