RAAM Intake Form

Part 1: General Information

Last Name: _____ First Name: _____ Alternate Name: _____

Gender: _____Language(s) spoken: _____ Interpreter Required: ☐ Y ☐ N

Address: _____

Next of Kin (name/contact):_____

Are you at risk of losing your housing? ☐ Y ☐ N

☐ Not homeless ☐ Homeless no address ☐ Shelter ☐ Other temporary shelter: _____

Phone #: _____ Work #: _____

May we leave a message? ☐ Yes ☐ No

Date of Birth: _____ Age: _____

Health Card Number: _____ Version Code: _____ Expiry Date: _____

Federal Interim Health #: _____ Other Health Coverage/Insurance: _____

Income source: ☐ Employment ☐ Employment Insurance ☐ Disability Insurance ☐ Family Support

☐ Ontario Disability Support Program ☐ Ontario Works ☐ None ☐ Other: _____

How did you hear about us? ☐ Referral: _____

☐ Emergency Department ☐ Other Health Provider ☐ Website ☐ Newspaper/Media

☐ Other: _____

Primary Care Provider (e.g. Physician or NP): ☐ Yes ☐ No

Name: _____ Location: _____

Pharmacy Name: _____ Location: _____

Allergies:_____ Current Medications: _____

Part 2: Socio-Demographic Information (Optional – Part 2 only)

Sexual Orientation: ☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian ☐ Queer ☐ Two-Spirit

☐ Prefer not to answer ☐ Other: _____

Gender: ☐ Female ☐ Male ☐ Intersex ☐ Trans-Male to Female ☐ Trans-Female to Male

☐ Two-Spirit ☐ Prefer not to answer ☐ Other: _____

Racial/Ethnic Group: ☐ Asian ☐ Black ☐ First Nations ☐ White ☐ Latin ☐ Mixed Heritage

☐ Prefer not to answer ☐ Other: _____

What is your highest level of Education? ☐ Primary (K-8) ☐ Secondary (9-12/13) ☐ College

☐ University Bachelors ☐ University Post Grad ☐ No formal education ☐ Prefer not to answer

☐ Other: _____

How much money do you make in a year? (whole household) ☐ Don't know ☐ <$14 999

☐ $15 000-19 999 ☐ $20 000-24 999 ☐ $25 000-29 999 ☐ $30 000-34 999 ☐ $35 000-39 999

☐ $40 000-59 999 ☐ $60 000 – 89 999 ☐ $ 90 000 – 119 999 ☐ $120 000-149 000 ☐ 150 000+

How many people help bring in this income? ____How many people are supported by this income? ____

Who lives with you? ☐ Couple with child(ren) ☐ Couple without child(ren) ☐ Sole member

☐ Grandparents with grandchild(ren) ☐ Extended family ☐ Siblings ☐ Unrelated house mates

☐ Single Parent ☐ Other _____

Parenting: Are you parenting, pregnant, or a caregiver for a child under the age of 18? ☐ Yes ☐ No

Disabilities: ☐ Chronic illness ☐ Developmental Disability ☐ Drug or Alcohol dependence

☐ Learning Disability ☐ Mental Illness ☐ Physical Disability ☐ Sensory Disability ☐ None

☐ Other: _____ ☐ Do not know ☐ Prefer not to answer

<u>Part 3: Admission Information (please check [√] ALL that apply):</u>

What concern are you seeking help for?

☐ Alcohol ☐ Drug ☐ Gambling ☐ Gaming ☐ Internet ☐ Unsure/None of the above

How ready are you to make changes to your alcohol/dug/gaming/gambling/internet use? (please circle a number from 1-10)

Not Ready									Ready
1	2	3	4	5	6	7	8	9	10

Please check [√] ONE for each category:

Legal Status: ☐ No Problem ☐ Awaiting Trial or Sentence ☐ Probation ☐ Parole ☐ Incarcerated ☐ Other

Young Offender: ☐ Yes ☐ No

Substance Use Concerns: ☐ Yes (please [√] ALL that apply) ☐ No

- ☐ Alcohol (Beer, Wine, Spirits)
- ☐ Amphetamines (Adderall, Concerta)
- ☐ Barbituates
- ☐ Benzodiazepines (Xanax, Lorazepam, Valium)
- ☐ Cannabis (Marijuana, CBD)
- ☐ Cocaine
- ☐ Crack
- ☐ Ecstasy
- ☐ Hallucinogens
- ☐ Tobacco
- ☐ Methamphetamines (Crystal Meth)
- ☐ Other Psychoactive Drugs
- ☐ Over-The-Counter Codeine (Tylenol 1)
- ☐ Opioids (fentanyl, morphine, dilaudid, heroin)
- ☐ Steroids
- ☐ Glue & Other Inhalants

Gambling Concerns: ☐ Yes ☐ No Comments: _____

Gaming/Internet/Technology Concerns: ☐ Yes ☐ No Comments: _____

Part 4: Health Status (please fill in EACH question [√])

A. **Physical Health Status:** ☐ Vision Impairment ☐ Hearing Impairment ☐ Mobility/Physical Impairment ☐ I am Pregnant

B. **Non-Medical Intravenous Drug Use:** ☐ Never Injected ☐ Injected Prior to 1 year Ago ☐ Injected in the Last 12 months

C. **Have you ever shared equipment?** ☐ Yes ☐ No

D. **Number of overnight hospitalizations in the last 12 months**: _____

E. **Diagnosed with mental health problem by a qualified mental health professional?**
☐ Yes ☐ No Within Last 12 months
☐ Yes ☐ No Within Lifetime

F. **Hospitalized for a mental health problem?**
☐ Yes ☐ No Within Last 12 months
☐ Yes ☐ No Within Lifetime

G. Have you every received counselling/treatment/support for a mental health, emotional behavioural or psychological problem?

☐ Yes ☐ No Currently

☐ Yes ☐ No Within Last 12 Months

☐ Yes ☐ No Within Lifetime

H. Have you ever been prescribed medication for a mental health problem?

☐ Yes ☐ No Currently

☐ Yes ☐ No Within Last 12 months

☐ Yes ☐ No Within Lifetime

I. Have you ever had seizures? ☐ Yes ☐ No

J. Please list any other health problems (i.e. Blood pressure problems, Cancer, Diabetes, Endocarditis, Heart problems, HIV/AIDS, Hepatitis, Kidney disease, Asthma, Migraine headaches, etc.):

_____

K. Do you have any immediate safety concerns that you would like assistance with today or soon? ☐ Yes ☐ No

L. Have you ever had a concerning hit to your head, been hit on the head and/or experienced multiple, repeated impacts to your head?

☐ Yes ☐ No

M. Have you ever been in the emergency room, hospital, or by a doctor because of an injury to your head or neck?

☐ Yes ☐ No

N. Did you ever lose consciousness (including as a result of overdose) or experience a period of being dazed or did you have a gap in memory from the injury?

☐ Yes ☐ No

O. Are you currently taking Naltrexone?

☐ Yes ☐ No

P. Are you currently taking Methadone/Suboxone?

☐ Yes ☐ No

Q. Do you have a Naloxone Kit?

☐ Yes ☐ No

R. Have you ever attended any addiction treatment programs?

☐ Yes ☐ No (If yes, please list):

_____

S. Other information that we should know?

_____