

Please list all of the treatment programs you have attended, addictions assessments that you have participated in, recovery homes you have stayed at (including Crossroads Centre) and any out-patient counselling you have received for addictions.

NAME OF PROGRAM AND LOCATION	DATE YOU STARTED THE PROGRAM	LENGTH OF STAY	COMPLETED (YES/NO)
<i>Sample: Crossroads Centre, Thunder Bay</i>	<i>June 1998</i>	<i>2 months</i>	<i>No</i>
ADDICTION ASSESSMENT:			
TREATMENT:			
RECOVERY HOME:			
ADDICTION RELATED OUTPATIENT COUNSELLING:			
OTHER:			

OTHER COUNSELLING/THERAPY:

AGENCY	LOCATION	ISSUES ADDRESSED	DATE (S)

CHILD CUSTODY:

Do you have children? Yes _____ No _____

If yes, please list names and ages:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any children in your care/custody? Yes _____ No _____

What arrangements have been made for the care of your children during your stay at Crossroads Centre? _____

LEGAL HISTORY:

Have you ever had any legal charges? Yes _____ No _____

Do you have any charges pending? Yes _____ No _____

If yes, please indicate court date: _____

MEDICAL HISTORY:

Do you have any medical concerns or conditions? Yes _____ No _____

If yes, please explain: _____

Have you received treatment for mental health issues? Yes _____ No _____

If yes, please explain: _____

Are you currently taking any medications? Yes _____ No _____

If yes, please list medications: _____

EDUCATION/EMPLOYMENT:

Are you currently employed? Yes _____ No _____ If yes, part or full time? _____

If yes, where: _____

Are you currently enrolled in an educational program? Yes _____ No _____

If yes, where: _____

What is your source of income? _____

OTHER:

Is there any other information you feel would be important for us to know when considering your application to Crossroads Centre?

SIGNATURE: _____

Please sign the Confidentiality Oath, Terms of Residency and Consent to Service and return it with your application. Your application can be faxed to Crossroads Centre at (807) 622-7587, or mailed to 499 North Lillie Street, Thunder Bay, Ontario, P7C 4Y8. If you have any questions, our phone number is (807) 622-2730.

CONFIDENTIALITY OATH FOR CLIENTS

In order to protect individual rights of privacy, it is important that all persons residing at Crossroads understand the need to respect issues of confidentiality. Any information shared by a client is to remain at Crossroads and not to be shared or discussed by another client in any other setting at any time.

In order to provide the best possible care for clients, Crossroads staff may need to communicate with other specified agencies or individuals involved with a client. If any exchange of information is required, a client will be asked to sign a Consent to Release/Request Information, which gives Crossroads Centre Inc. staff permission to communicate with outside agencies or individuals. The client has the right to refuse to sign a Consent to Release/Request Information and the right to know what information will be shared and with whom.

LIMITS OF CONFIDENTIALITY

Crossroads staff work closely as a team to provide education, counselling and support to clients. In order to offer the best possible care, Crossroads staff members share information regarding clients with each other.

If a client reports any abuse of child, in accordance with the Child and Family Services Act, the abuse must be legally reported to the appropriate child protection agency.

If a client expresses a desire to cause injury or harm to themselves or others, this information must legally be reported to the appropriate authorities.

If Crossroads Centre receives a court subpoena requesting the release of a client's clinical records, Crossroads will comply. If possible, the client will have an opportunity to review their file prior to release.

All addiction services funded by the Ontario Ministry of Health, Substance Abuse Bureau, are required to provide information about the number of people served, their characteristics, and the services they have received. This information helps with planning and showing the importance of what we do. To meet this obligation to our funder, we will request some basic information about you. This information is coded in such a way as to protect your identity. If you choose to decline any specific question, this will have no influence on the quality of services you will receive.

I have read this document and understand the issues of confidentiality stated above.

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____