**NOTE: <<delete this note on completed forms>>** This document is filled out once the client is released and accepted into the program. The form gathers more information on the client and has a section where they sign a consent of release of information. The consent allows JHS Caseworker to speak freely with community program providers in order to track the client’s programming in the community as well as give a detailed updates to CBSA on the client’s progress in the CCMS program. If there is a program that is not on the list I usually have the client sign a separate consent of release of information.

\*This form was adapted from the Edmonton John Howard Society ATD CCMS Enrolment Booklet.

|  |  |
| --- | --- |
| **Name:** | **SIN:** 🞎Yes 🞎 No **Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Referring CLO:** | **Referring Detention Facility:** |
| **Program Enrolment Date:** | **Level of Intervention:****In-person/Telephone check-ins required:** |
|  |  |
| **OFFENCE AND INCARCERATION HISTORY** |
| **Did you incur any institutional charges for violent behaviour during your recent incarceration?** 🞎 Yes 🞎 No **Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Did your offence attract media attention?** 🞎 Yes 🞎 No**Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Is your offence related to a drug or alcohol problem?** 🞎 Yes 🞎 No **Drugs** (list)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ATD PLAN** |
| **What are your plans for the ATD program in conjunction with your release conditions?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **WORK HISTORY** (Note: please include number of years at each job.) |
| **JOB 1:** From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title |
| **JOB 2:** From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title |
| **JOB 3:** From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title |
| **JOB 4:** From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title |

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| **EDUCATION** |
| **Highest grade completed in the community:** *(please circle)* 3 4 5 6 7 8 9 10 11 12 Post-secondary**Upgrading completed:** *(provide details if applicable)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **VEHICLE** |
| **Do you own any vehicles?** 🞎 Yes 🞎 No |
| **Make:** | **Model:** | **Year:** | **Licence #:** |
| **Make:** | **Model:** | **Year:** | **Licence #:** |

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| **FINANCIAL ACCOUNTABILITY** |
| **I agree to disclose financial statements and verification to staff.****Client’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much money do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **CLIENT MEDICAL HISTORY** |
| **Name**:  |
| **Date of Birth:** (Year/Month/Day) |

|  |
| --- |
| **Emergency Contact Information** |
| **Emergency Contact**: |
| **Relationship:**  |
| **Address and Phone Number:**  |

|  |
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| **Physician and Coverage Information** |
| **Family Physician**: **Psychiatrist/Psychologist:*** Yes No Yes No

**If so, who** : **If so, who** : |
| **Medical Coverage:*** Alberta Health Care # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blue Cross \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Treaty #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Allergies** |
| **Medication Allergies:**  Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other Allergies:**  Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Medication History** |
| **Are you currently on any prescribed medication(s)?** : Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Were you on any prescribed medication(s) in the past?**  Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CLIENT MEDICAL HISTORY (continued)** |
| **General Health Concerns** |
| * AIDS/HIV
 | * Heart Disease
 |
| * Asthma/ Lung problems
 | * Hearing problems
 |
| * Bipolar Disorder
 | * High Blood Pressure
 |
| * Bone/Joint Pain
 | * High Cholesterol
 |
| * Cancer
 | * Kidney Disease
 |
| * Depression
 | * Liver Disease
 |
| * Diabetes Type 1 or Type 2
 | * Tuberculosis
 |
| * Hepatitis A
 | * Schizophrenia
 |
| * Hepatitis B
 | * Seizures
 |
| * Hepatitis C
 | * Suicidal Ideation
 |
| * Hepatitis D
 | * Vision problems
 |
| * Hepatitis E
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Mental Assessment** |
| * Anxiety
 | * Migraines/ Headaches
 |
| * Confusion
 | * Racing Thoughts
 |
| * Delusions
 | * Rapidly Changing Mood
 |
| * Depressed Mood
 | * Trouble Concentrating
 |
| * Hallucinations
 | * Trouble Sleeping
 |
| * Memory Problems
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Tobacco/ Alcohol Use/Marijuana** |
|  **Are you currently using tobacco/marijuana?**  Yes No If so, for how long have you been using Tobacco/marijuana (years)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If no, did you ever use tobacco in the past?** Yes No If so, for how long did you use Tobacco? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you struggle with alcohol abuse?** Yes No If so, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Illegal Drug Use** |
| **Have you used any illegal substances in the Institution prior to your release?**  Yes NoIf so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you struggle with substance abuse?**  Yes No If so, which ones?

|  |  |
| --- | --- |
| * Cocaine
 | * Opium
 |
| * Crack
 | * Inhalants
 |
| * Heroin
 | * MDMA (Ecstasy etc.)
 |
| * Methamphetamines
 | * LSD
 |
| * Amphetamines
 | * Prescription Pills
 |
|  | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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