



Hello!

Welcome to Peak House, we want to get to know a little more about you. Please complete these questions and return them as soon as possible.

Clients only need to fill out the **Client Forms**, but feel free to browse the caregiver and referring agent documents if you'd like to know what questions we're asking.

Once we have your response, we will set up a pre-intake meeting in person, by video or phone call to go over any questions and set up your intake date.

If you need support with this form, our would prefer to do it over the phone please call 604 253 6319 or email [intake@peakhouse.ca](mailto:intake@peakhouse.ca)

We look forward to meeting you and supporting you to get your life back!

### **Client Form: Identity**

After the referral has been reviewed by the screening committee we ask for more detailed information to better understand how we can support you.

Client's Legal Name: \_\_\_\_\_

Preferred Name(s): \_\_\_\_\_

Pronoun(s): \_\_\_\_\_

Is there anything about your identity, culture, or religion that you would like us to know?



### **Client Form: Readiness**

How quickly could you come in should a bed be available? This helps us determine the best time for an intake.

- Right away, I am reachable and want in as soon as possible.
- Within a week of being notified there is a bed.
- After an event (end of school, summer vacation...)
- I'm not sure, I hope that when a bed is available it will feel like the right time
- I might need to go to detox depending on when the bed is available

### **Client Form: Substance Use**

Have you ever been to treatment or a group support program? Yes      No

What program? \_\_\_\_\_ When? \_\_\_\_\_ How long did you attend

What worked well for you there?

What didn't work so well?

What substances are problematic in your life?

Give us an understanding of the problem. How often you use, how much, the impact on your life, and anything else that feels important for us to know.

What are your goals? What do you hope to get out of coming to Peak House?



### Client Form: Health

1. Have you struggled with disordered eating? Yes  No
2. Have you self-harmed in the last 3 months? Yes  No
3. Do you currently have thoughts of suicide? Yes  No
4. Do you have a history of, or are you currently thinking about harming others? Yes  No
5. Do you have any allergies? Yes  No

Please share details: \_\_\_\_\_

6. Do you have any mobility or other health information that may impact your ability to participate in some activities?
7. Is there anything about your physical health you want us to know?
8. Is there anything about your Mental health you want us to know about?
9. Have you had a negative TB test in the last 12 months? Yes      No



**Client Form: Contacts**

Who do you consider as part of your care team?

Cultural Support Worker/ Social Worker/Probation/Mental Health Worker/Psychiatrist/Other Professionals and other Key Supports.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

**Consent for Referral and Release of Information**

I understand the Peak House program description. I have read and understand the referral forms. I know that Peak House is a voluntary program, and this application is being made with my approval and consent.

I consent that following people or teams are permitted to discuss my information for the purpose of supporting my care. These discussions may include the contacts listed on the referral or information guide.

- Peak House Staff
- VCH appointed Nurse Practitioner
- Vancouver Coastal Health, Centralized Addictions Team (CAIT)

Please list any (caregivers or professionals) you do not want information shared with.

\_\_\_\_\_

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature