

Broadview Homes

686 Broadview Ave. Toronto ON M4K 2P1

Phone 416-389-5900 Fax 647-348-4033

s.mahoney@ourhomestoronto.ca

Client # _____

First _____

Last _____

DOB: _____

Address _____

City _____

Postal Code _____

Phone _____

Email _____

Emergency Contact Name

Relationship

Phone Number

____/____/_____

Are you a previous resident of Our Homes? Yes _____ No _____

Current Legal status (bail, parole, probation, awaiting trial) _____

Substance abuse history (most common first) _____

Behavioural addictions (gambling, porn, sex) _____

Do you identify as an Alcoholic? Yes _____ No _____ Unsure _____

Do you identify as an Addict? Yes _____ No _____ Unsure _____

Have you ever been to de-tox? _____ How many times _____ Date of most recent admit _____

Have you ever been to treatment? _____ How many times _____ What is date of last use _____

Name of current or last treatment center _____ Completed Yes _____ No _____

If you are currently in treatment, what is your scheduled discharge date _____

Have you ever had a mental health diagnosis? Yes _____ No _____

List all medications _____

Currently employed _____ Ontario Works _____ ODSP _____ Other _____

What is your recovery plan _____
