

NATIVE ADDICTIONS COUNCIL OF MANITOBA
REGISTRATION

Date: _____ Previous registration (if any) _____ Case #: _____

Surname: _____ First Name: _____ Gender: M/F

D.O.B.: _____ Health #: _____ S.I.N. #: _____ - _____ - _____

Address: _____ Phone #: (____) _____

Non-Status: () Metis: () Inuit: () Status: () Band Name: _____ #: _____

Marital Status: _____ Spouse: _____

Number of Children at Home: _____ Number of Children in Care of Others: _____

Next of Kin: _____ Relationship: _____

Address: _____ Phone #: (____) _____

Level of Education: _____ Type of School: Residential/Boarding/Public/Reserve

Source of Income: Employed () Unemployed () Student () E.I.A. () Other: _____

Legal Status: Bail () Court Ongoing () Probation () until: _____

Other Languages Spoken: _____ Can you read? _____ Write? _____

Program Mandatory: _____ Referred by: _____ Reason: _____

Contact Person: _____ Phone #: (____) _____ Address: _____

Substance/s in order of preference: _____

Other addictions: Tobacco () Gambling () Eating Disorders () Etc. _____

Was Treatment Sought: _____

Residential treatment in the past two years: _____ Did you complete: _____

Which centre: _____ When: _____

Ever admitted to Detox: _____ Which unit: _____ Date: _____

Last substance used: _____

Assessment only: () Referred to: _____

Completed by: _____ Assigned to: _____