

NATIVE ADDICTIONS COUNCIL OF MANITOBA

Date: _____ Date of Birth: _____

IDENTIFYING INFORMATION:

Full Name: _____

Address: _____

Phone: _____ Contact: _____

Marital Status: Single, Separated, Divorced, Common-Law, Married, Widow/er

Health #: _____ Social Insurance Number #: _____

Band: _____ Band #: _____

Education: _____ Did you attend school ON reserve or OFF reserve? _____

Preferred Language: Cree, Ojibway, Dene, Oji-Cree, English, French, Saulteaux, Sioux

Source of Income: Employed, Social Assistance, UI, Other _____

Nickname or other Name you are known by: _____

Next of Kin: _____ Phone: _____

Address: _____ Relationship: _____

Substance(s) used in order of preference: _____

Or specific behavior involved (Gambling, Eating Disorder): _____

Ever admitted to Detox: _____ Name of Detox: _____

Date last in Detox: _____ Counselor assigned: _____

Client Dry Date: _____ Completed by: _____

Date of previous registration (if any): _____