



## Our Homes on Broadview

686 Broadview Ave. Toronto, On. M4K2P1

Phone 416-389-5900

Fax 647-348-4033

s.mahoney@ourhomestoronto.ca

www.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 \_\_\_\_\_

\_\_\_\_\_