



Box 187, Creston B.C. V0B 1G0

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Participant Information Form

Contact and Demographic Information

Date: _____ Name (person in need of service): _____

Gender: _____ Date of Birth (MM/DD/YYYY) _____ Personal Health Number (PHN) _____
Male Female Other Age: _____

Aboriginal _____ Ethno/Cultural Background: _____ Language(s) spoken at home: _____
Yes No

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Can we leave a message identifying ourselves as VCS? Yes No

Prefer: Text and/or Call and/or Email? Text Call Email

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

For Child/Youth

Parent(s) Legal Guardian(s) Name: _____ Phone: _____

Indicate Guardian's Relationship to child/youth: _____

School Name: _____ Current Grade: _____

Family Members (Names and Birthdates): _____

Health Information

Doctor:

Phone:

Allergies? Yes No

If yes please describe:

Do you have any current or significant health issues? Yes No

If yes please describe:

Health Information Continued

Are you taking any medications that you would like us to be aware of? Yes No

If yes please describe:

Do you require aids or supports that are unique to you (hearing aids, wheel chair, interpreter)? Yes No

If yes please describe:

Service Request Information

What is the main reason you have come to VCS?

Mental Health and Substance Use Information

Do you have any significant mental health concerns or diagnosis that we should be aware of? Yes No

If yes please describe:

Safety Information

<p>Is risk of suicide a concern today? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Do you have any other safety concerns today? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes please describe:</p>

Additional Information

If you are filling the form out for someone else, please give YOUR name and relationship to person being referred

Name:

Relationship:

Is the person you are referring in agreement with this referral: Yes No:

May we follow up with a satisfaction survey at the conclusion of your involvement with VCS?

Yes, by the following means: Email Phone Mail Or: No, I would not like a follow up survey

At VCS, we collect the following information for the purpose of providing a quality service relevant to your history, tailored to your needs, and satisfactory to your expectations. We ask that you complete the information to your best ability and if you require assistance or have any question regarding the relevancy of the question, please speak to your service provider.

The content of this form will be kept confidential at VCS within the limits of the law. However, some exceptions to confidentiality include legal requirements to report when a participant is in danger of harming themselves or other or if a child's safety is of concern. Please note – all personal and confidential information will be securely stored.

If you have questions about this, please speak to your service provider before filling out this form.