



Box 187, Creston B.C. V0B 1G0

PH: (250) 428-5547 FAX: (250) 428-5175 EMAIL: ADMIN@VALLEY.SERVICES

Participant Information Form

Contact and Demographic Information

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

Gender: _____ Date of Birth (MM/DD/YYYY) _____

Male Female Other

Age: _____

Indigenous: _____

Yes No

Ethno/Cultural Background: _____

Language(s) spoken at home: _____

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

Is risk of suicide today, a concern for you?	Yes	No
Do you have any other safety concerns today?	Yes	No If yes please describe:

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

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

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

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 or VCS in office reception.

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 or VCS in office reception before filling out this form.