



Thank you for your interest in Bellwood Health Services. Our Assessment Application package includes the following items:

- (1) Confidentiality and Exceptions to Confidentiality**
- (2) Privacy Notice and Consent Form**
- (3) Assessment Application**

Please review and sign (in the presence of a witness) forms (1) and (2) *before* completing the Assessment Application. If you have any questions regarding either consent, please do not hesitate to contact our Intake & Admission Department at 1-800-387-6198.

Confidentiality and Exceptions to Confidentiality

Bellwood Health Services Inc. is based on the principle of a caring and supportive community, where trust and safety facilitate successful treatment and recovery. To attain these goals, all participants are required to understand and follow these guidelines to ensure confidentiality. This means that no person entering this facility shall reveal or speak of conversations between or about clients, or disclose the identities of our clients, in any manner, outside of this building.

It is the policy of Bellwood Health Services to maintain the confidentiality of our clients and all client information. We will not willingly disclose information we obtained in confidence, unless ethically required by Bellwood or the legal system, i.e., subpoena or search warrant, or through mandatory reporting such as the Children's Aid Society and Ministry of Transportation.

Limits to Confidentiality & Duty to Warn

Child Abuse – Bellwood is mandated by law to report to the Children's Aid Society *any* disclosure or suspicion of child abuse or neglect, or *any* belief or suspicion that a child is in need of protection or is at risk.

Sexual Abuse – Bellwood is mandated to report the name of health care professionals to their respective colleges if there is reason to believe that they have engaged in sexually inappropriate behavior (sexual abuse) with their patients.

* As other laws come into effect we will follow them as required. *

Prevention of Harm – Bellwood reserves the right to disclose what would otherwise be confidential information if we have reason to believe that it is necessary to prevent death or grievous bodily injury to you or a third party.

In addition to the above, it should be noted that Bellwood has adopted a team approach to client care. That is, it is our practice to share information among the professional staff to ensure the highest quality of care.

Please complete and have witnessed:

I (print), hereby confirm that I have read and understand Bellwood's policy on Confidentiality and Exceptions to Confidentiality, and agree with its terms.

Client's Signature: _____ Date: _____

Witness's Name: _____

Witness's Signature: _____ Date: _____

Privacy Notice & Consent Form

Bellwood Health Services Inc. provides you with a broad variety of care services. To meet your needs and serve you well, we need to know personal information about you. You, as an individual, have a right to know how we collect, use and disclose personal information. You have a right to expect that, to the best of our ability, your personal information held by us remains accurate, confidential and secure. Bellwood Health Services Inc. is proud of its long-standing commitment to maintaining the confidentiality and security of personal information and has implemented practices to better protect the privacy of your personal information.

Privacy Policies and Procedures

In order to ensure that your personal information is collected in a secure and confidential manner, strict policies and procedures have been implemented at Bellwood that must be followed at all times by both staff and clients. Our organization's privacy policies and practices are readily available at your request.

What information we collect and how we use your information.

Bellwood Health Services Inc. collects, uses, discloses and stores facts about you and your health. However, we limit the collection of personal information to what is required for administration and health care purposes. This includes information such as name, age, weight, OHIP number, medical history and any current and past addictions or behavioral problems. This information is important for your assessment and diagnosis and will be shared among your treatment team during your rehabilitation. Throughout treatment, any laboratory tests, new findings and new treatments implemented will be recorded. Certain information may be recorded on file for demographic purposes, quality improvement and research analysis.

Who has access to your information?

At Bellwood we are accountable for all of the information we collect. We share your information on a strict need to know basis. Your personal information will not be disclosed to anyone who is not directly involved in your care and treatment, unless you give permission or is required by law. These people may include:

- Yourself
- Your health care providers within Bellwood.
- Our interns and professional trainees.
- Service providers under contract to Bellwood.

How your information is protected.

- All information we hold is securely safeguarded.
- We will keep your information as accurate, complete and up to date as possible.
- Your information is used and disclosed only for the purposes for which it was collected, and is retained only as long as it is required to fulfill its purpose.

Your Rights

At Bellwood we respond to your questions and concerns. We have appointed a Chief Privacy Officer who is responsible for all of your privacy issues. Please feel free to contact our officer at (416) 495-0926.

Federal Privacy Legislation – The Personal Information Protection and Electronic Documents Act (PIPEDA) 10 Key Principles:

- Accountability
- Consent
- Limiting Use
- Safeguards
- Individual Access
- Identifying Purposes
- Limiting Collection
- Maintaining Accuracy
- Openness
- Challenging Compliance

Please complete and have witnessed:

I (print), hereby confirm that I have read and understand Bellwood’s Privacy and Consent Form, and agree with its terms.

Client’s Signature: _____ Date: _____

Witness’s Name: _____

Witness’s Signature: _____ Date: _____



Client No: _____ Inquiry No: _____ Program No: _____
Program Name: _____ THC MOH
Military Base (if applicable): _____

ASSESSMENT QUESTIONNAIRE (please print clearly)

Name: _____
First Middle Last

Gender: Male Female Date of Birth: ____/____/____ Age: ____
Mo Dy Yr

Address: _____
Street
City County Province Postal Code

Phone: H: () _____ W: () _____ C: () _____

Emergency Contact: _____ Phone: () _____
Relationship to client _____

Address: _____
Street
City Province Postal Code

Health Card No: _____ Version Code: ____

Insurance Company: _____

Person Insured: _____ Date of Birth: ____/____/____
Mo D Yr

Group Policy No: _____ Certificate No: _____

Who will be funding your treatment? _____

Who referred you to Bellwood? Self Other

If "Other," please identify: _____

Your Occupation: _____

Employer: _____ Tele: () _____

Address: _____
Street
City Province Postal Code

Was your employer or an Employee Assistance Program (EAP) involved in your referral to Bellwood? Yes No (Circle)

If "Yes," did your employer *initiate* the referral? Yes No

Is coming to treatment a condition of continued employment? Yes No

Staff Use Only:

Room Coverage: W ____ S ____ P ____ O/P ____

Previous Bellwood Client? Yes No

Assessment Date (m/d/yr): ____/____/____

Admission Date: ____/____/____

Re-admit Date: ____/____/____

Day Status Trans: ____/____/____

Discharge Date: ____/____/____

Discharge Date: ____/____/____

Discharge Type (AMA, etc.): _____

Bellwood MD: _____

Self-Pay Reciprocal Employer

Family Physician: _____ Tele: () _____

Address: _____

Street

City

Province

Postal Code

Highest Level of Education You Completed: _____

Have you been in the military? Yes No

If "Yes," when and where did you serve?

Are there any activities that you require assistance to perform; for example, bathing, walking up/down stairs? Yes No

If "Yes," please explain.

Marital Status: Single Married Separated Divorced Widowed

Common Law Spouse

Living Arrangement: Alone With others (specify): _____

Spouse or Partner's Name: _____ Age: _____

Address (if different from above):

Address: _____

Street

City

Province

Postal Code

In *your* estimation, does your spouse or partner abuse alcohol or other drugs? Yes No

If "Yes," what substance(s)? _____

A. ALCOHOL & DRUG USE

1. Please identify all addictive substances you have ever used, including nicotine, regardless of amounts or whether or not prescribed:

- Alcohol
- Cocaine
- Cannabis (e.g., Marijuana, Hash, etc.)
- Benzodiazepines (Valium, Xanax, Ativan, Lorazepam, Clonazepam, etc.)
- Prescription Opioids (e.g., Tylenol 2, 3, 4, etc.)
- Opioids/Narcotics (e.g., Heroin, OxyContin, Percocet, Demerol, etc.)
- Inhalants (e.g., Glue, Paint Thinner, Gasoline)
- Hallucinogens (e.g., PCP, LSD, Ecstasy, GHB, Ketamine, etc.)
- Amphetamines/Stimulants (e.g., Speed, Uppers, Crystal, Crank, etc.)
- Codeine (over the counter)
- Sedatives & Hypnotics (e.g., Immovane, Buspirone)
- Nicotine

2. In order of importance, identify your **3 drugs of choice** over the past year, including nicotine:

a. **Name of Drug:** _____

When did you first use this drug? _____

How long has this drug been a problem for you? _____

Most usual way of using (i.e. Oral, Nasal, Smoking, IV, Non-IV injection): _____

Frequency of use in the past 30 days (i.e., daily, weekend, binge): _____

Average amount used per occasion: _____

Frequency of use in the past year: _____

Date of last use: _____

b. **Name of Drug:** _____

When did you first use this drug? _____

How long has this drug been a problem for you? _____

Most usual way of using (i.e. Oral, Nasal, Smoking, IV, Non-IV injection): _____

Frequency of use in the past 30 days (i.e., daily, weekend, binge): _____

Average amount used per occasion: _____

Frequency of use in the past year: _____

Date of last use: _____

c. **Name of Drug:** _____

When did you first use this drug? _____

How long has this drug been a problem for you? _____

Most usual way of using (i.e. Oral, Nasal, Smoking, IV, Non-IV injection): _____

Frequency of use in the past 30 days (i.e., daily, weekend, binge): _____

Average amount used per occasion: _____

Frequency of use in the past year: _____

Date of last use: _____

4. Have you ever had a **seizure**? Yes No

5. Have you ever **overdosed**? Yes No

6. Have you ever been **detoxified** or **withdrawn** from an addictive substance? Yes No

7. Have you ever been in counselling or a **treatment** for any addiction or compulsive behavior?
Yes No

8. Have you ever been involved in a **Twelve-Step** group (i.e., AA, GA, NA, SA, etc)? Yes No

B. PHYSICAL & MENTAL HEALTH

1. Describe any **health problems**?
2. List all current **medications**, including over-the-counter medication and any medication for alcohol or drug withdrawal, anxiety or sleep, or a mental health problem. Yes No
3. Identify any **allergies** (food, medication, environmental)?
4. Identify any medical or special dietary requirements?
5. Have you ever been treated by a **psychiatrist, therapist or psychologist**? Yes No
6. Have you ever been hospitalized for **depression or other mental illness**? Yes No
7. Have you ever been in a situation where your **life was threatened**? Yes No
8. Have you ever been sexually, physically or emotionally **abused**? Yes No
9. Any history of **self-injurious behavior**, i.e., cutting or burning yourself? Yes No
10. Have you experienced any **suicidal thinking** in the: past month? past 6 months?
 past year? No
11. Have you ever attempted **suicide**? Yes No

C. EATING

1. Describe any concerns about your eating, e.g., worry that you have lost control over how much you eat; believe yourself to be fat when others say you are too thin; bingeing and purging behavior?

D. SEXUAL

1. Identify any concerns related to your sexual life, e.g., extra-marital affairs, prostitution, going to strip clubs, visiting porn websites, difficulty becoming aroused, etc.

E. GAMBLING

1. Identify any concerns about gambling, i.e., running up large debts, betting on sports, purchasing lottery tickets, playing bingo, etc? Yes No

F. FAMILY

1. Describe any family concerns that might interfere with either your recovery or your treatment at Bellwood.

G. FINANCIAL

1. Describe any financial concerns that might interfere with either your recovery or your treatment at Bellwood

H. LEGAL

1. Describe any current **legal** problems or **driving infractions**?
2. Describe any **past legal** convictions or driving infractions? Yes No
3. Are you on **probation**? Yes No If so, for what offense?
4. Identify any **restraining order(s)** against you, past or present.

What was the **precipitating event or crisis** that resulted in this application for treatment? Please be specific.

Please check off any presenting issues and/or concerns you may have.

√	Presenting Issue	Presenting Issue	√
	Accommodation	Sexual Issues	
	Marital/Family/Family of Origin	Sexual Identity	
	Education/Employment	A.C.A. Issues	
	Finance	Co-dependent Issues	
	Legal	Grief	
	Mental Health Problem	History of Relapse	
	Social Isolation	Substance Abuse - Alcohol & Drug	
	Developmentally Handicapped	Substance Abuse - Alcohol Only	
	Reading/Writing Problem	Substance Abuse - Drug Only	
	Physical Health Problem	Substance Abuse -By Significant Other	
	Physical Disability	Gambling Abuse	
	Physically Abused	Post Traumatic Stress	
	Physically Abusive	Self Esteem	
	Sexually Abused	Anger Management	
	Sexually Abusive	Stress Management	
	Eating Disorder	Perfectionism	
	Sleep Problems	Leisure Activities	
	Suicidal Ideation	Lack Insight	
	Suicidal Attempts	Communication Problems	
	Relationship Issues	Other	

Additional Information

Thank you for completing our Assessment Application. You can return it to us by fax or mail, or bring it with you at the time of your personal assessment.

Fax: (416) 644-7251

Mail: Bellwood Health Services
 Intake & Assessment Dept.
 1020 McNicoll Ave.
 Toronto, ON M1W 2J6

We look forward to being of service to you.

Please note that Level 3 sex offenders (perpetrators of incest or non-consensual sexual behavior, or individuals who lust after children or have sexually violated children) are not eligible for admission to Bellwood. Should an incident or history of Level 3 sex behavior (or lust toward children) be disclosed during a client’s stay at Bellwood, that individual will be discharged from the program.

I have read and understand Bellwood’s policy on Level 3 sex offenders and offenses.

Client’s Signature: _____ Date: _____ / _____ / _____
Mo D Y