



**BC
WELLNESS
CENTRE**

Dr. Joel H. Kallia, MD Inc.

203-518 Lata St
Nelson, BC V1L 4C6
p 250.352.5259
f 250.352.0323
info@risebc.com
risebc.com

Date of Intake:

[Front Desk Label]

Briefly, tell us **Your Story**. That is why are you here today and what can we do for you?

Please Fill in the Following to the best of your ability

Housing: Live Alone/ Live with Partner/ Live with Parents/Live with Children/ friends/ homeless _____

Education: What is the highest level of education that you have?:

Employment: (name of employer) or if unemployed source of income:

Family History: Medical Issues, Psychiatric Illness or Addictions:

Opiates								
Steroids								
Other:								

Have you had **Withdrawal Symptoms** when trying to stop using any substances?

If yes, please describe:

Have you ever had **Problems** with work, relationships, health, the law, etc. due to your substance use? If yes, please describe:

Why did you **Start Using** or what do you like about your substance of choice (ie) stress relief, more social, pain relief:

Do you have a history of **Trauma and Abuse**?: Y/N

What has been helpful in regards to maintaining **Sobriety**?: (ie) family, treatment centre, counselling, housing)

Please list **5 Things** in life that are most important to you?: (ie) family, work, kids)

Goals, what is next in your story?:
