Clear Form

VALLEY COMMUNITY SERVICES
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:
◯ Male ◯ Female ◯ Other

Date of Birth (MM/DD/YYYY)

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 & Phone #:

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.