**Welcome to Foundry Prince George** DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks for coming to Foundry Prince George today. **Completing this form is entirely voluntary, fill in as much or as little as you want.**  You can still get services even if you decide not to complete the form, as long as you are between 12 and 24 years old. You can skip any questions you are uncomfortable answering, don’t understand or don’t want to answer. **Sharing** t**his information with us helps us connect you with the right member of the Foundry team to support you and helps us get to know you better.**

My preferred name is: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was born on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am \_\_\_\_\_\_\_ years old.

Month Day Year *\*\*You must be between 12-24 years old to access Foundry.*

My BC Care Card number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I don’t know it

I’m Status, my Status Card number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I don’t know it

My Band/Nation is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I don’t have an address

**Is there anything we should know to help us make your experience at Foundry as helpful and comfortable as possible?** (e.g. Do you have any allergies? Do you have a fear of needles? Do you prefer that doors to rooms be left open whenever possible? Is sitting for long periods uncomfortable for you? Do you struggle with reading or understanding instructions?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We may need to contact you to remind you about an appointment, let you know about your test results or give you an update on your plan. We will only share personal information directly with you (in person).**

I don’t want anyone to contact me, I will contact you.

The best way to contact me is:  phone call  text message  email  other

* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it okay to leave a message?  *No*  *Yes*
* You can contact me through e-mail:  *No*  *Yes* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other way to connect with me are: (eg. Social Media) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If there was an emergency, the responsible adult/adult I trust you to contact to support me is:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to me: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

I have a family doctor or primary care home I usually go to for my health care needs:

*No  Not Sure*   *Yes, their name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Other organizations or places I go for support and services from are (eg school, counsellor, social worker etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The number one reason I came to Foundry PG today was: (complete one)**

* Explain here or tick an option below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The service I need today is: Examples are listed in the table below. (tick one)

Primary Care  Mental Health  Social Supports  I don’t know.

* I am here to see a worker/ service I have seen before?  *Yes  No*

**Your safety is important to us.**

Are you worried you may hurt yourself (suicide) or someone else today  *Yes*  *No*

Do you have any other safety concerns today?   *Yes*  *No*

**If you feel you need immediate assistance today, please let the worker at the front know right away instead of completing this form so we can get you the support you need.**

**Other services I would be interested in are: (please check all that apply)**

|  |  |  |
| --- | --- | --- |
| **Primary Care Services (Health Care)** | | |
| I would be interested in seeing a primary care provider (nurse, nurse practitioner or doctor) about my: | | |
| * Physical health: health care, injury * Sexual health: STI Testing * Prescription | | * Eating/nutrition * Immunizations * OPT: Pregnancy Test, Birth Control |
| * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Mental Health Services** | | |
| I would be interested in speaking with someone about: | | |
| * Suicidal thoughts * My feelings or thoughts (stress, anxiety, depression, etc.) | * Substance use (Alcohol, drugs, other) * Relationships or family issues * “I think I am losing it or going to lose it” | |
| * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Support Services** | | |
| I would be interested in speaking to someone about: | | |
| * Food * Housing support * Personal care (laundry, shower etc) * Personal safety * Peer support; someone to talk to * Relationships (family, friends, parenting etc.) | * School and education support * Work/Employment support * Life skills * Finances * Information, resources, what’s available? * Cultural needs | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

***Thank you for taking the time to share this information with us. Please let us know if any of this information changes in the future to ensure we are up to date on your needs. I have voluntarily provided this information to Foundry Prince George.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print your name Your Signature*