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 legal name is: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My preferred name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was born on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My identified gender is \_\_\_\_\_\_ and preferred

 Month Day Year pronouns are \_\_\_\_\_\_\_\_\_\_\_\_\_.

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

My address is: \_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[ ]* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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*