

## 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 this 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 itI'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?)

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**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:	
<input type="checkbox"/> Physical health: health care, injury	<input type="checkbox"/> Eating/nutrition
<input type="checkbox"/> Sexual health: STI Testing	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Prescription	<input type="checkbox"/> OPT: Pregnancy Test, Birth Control
<input type="checkbox"/> Other: _____	
Mental Health Services	
I would be interested in speaking with someone about:	
<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Substance use (Alcohol, drugs, other)
<input type="checkbox"/> My feelings or thoughts (stress, anxiety, depression, etc.)	<input type="checkbox"/> Relationships or family issues
<input type="checkbox"/> Other: _____	<input type="checkbox"/> "I think I am losing it or going to lose it"
Support Services	
I would be interested in speaking to someone about:	
<input type="checkbox"/> Food	<input type="checkbox"/> School and education support
<input type="checkbox"/> Housing support	<input type="checkbox"/> Work/Employment support
<input type="checkbox"/> Personal care (laundry, shower etc)	<input type="checkbox"/> Life skills
<input type="checkbox"/> Personal safety	<input type="checkbox"/> Finances
<input type="checkbox"/> Peer support; someone to talk to	<input type="checkbox"/> Information, resources, what's available?
<input type="checkbox"/> Relationships (family, friends, parenting etc.)	<input type="checkbox"/> Cultural needs
<input type="checkbox"/> 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