Quintin Warner House
Four-month, live-in addiction treatment centre
457 York St West Entrance, London, ON N6B 1R3
Phone: (519) 434-8041 Fax: (519) 434-1669

QUINTIN WARNER HOUSE

Intake Application

web: www.missionservices.ca

PERSONAL INFORMATION					
Date					
Referred By:					
Last Name		First		DOB	
Phone		Ok to leave message	☐ YES ☐ NO		
E-mail Address					
Current Location					
Previous Treatment?	☐ Yes (if yes fill in chart below) ☐ No				

Treatment Facility	Date Attended	Length of Program	Did you complete program? Y/N

HEALTH STATUS

Please check any health issues that apply:

☐ Visual Impairment
☐ Physical Impairment
☐ Literacy issues
☐ Communicable Illness (eg. Hepatitis, HIV)
☐ Hearing Impairment
☐ Other (specify) _____

Family Doctor:	

Legal Issues ☐ No problem ☐ Probation ☐ Parole ☐ Bail ☐ Incarcerated ☐ Awaiting sentence
☐ Other (specify):

Diagnosed with Mental Illness ☐YES (specify) ☐NO	
Current Medications:	**Dosage:**
Additional comments:	