



# East Kootenay

## Addiction Services Society

East Kootenay Addictions Services, a non-for-profit society contracted with the Interior Health Authority, provides free substance use services to people affected by their own or someone else's substance use. We provide services in person and virtually in the East Kootenay, with offices in Cranbrook, Kimberley, Fernie, Invermere, Creston and Golden. We comply with Addiction Services Program Standards that ensure professional practice and quality services are delivered in all program areas. The Society has a volunteer Board of Directors to govern the operations of the Agency.

**Our Mission:** Fostering the well-being of people and communities.

**Our Vision:** East Kootenay Addiction Services Society is a valued contributor to the overall health of our communities.

**Our Guiding Principle:**

- Accessibility
- Inclusiveness
- Respect for diversity and each person's:
  - Integrity
  - Responsibility for their own physical, psychological, social and spiritual health
  - Right to make informed choices regarding their health and well-being.

Our clinical practice adheres to the bio-psycho-social-spiritual model of addictions and we provide services from a harm reduction perspective.

All staff, volunteers, and students delivering services for EKASS adhere to a Code of Ethic that is based on excellence in service, fairness, respect for human rights and the dignity of all people, and accountability. EKASS hires qualified counsellors who are supervised by a clinical practitioner. Counsellors maintain high skill levels and receive continuing education to further increase knowledge and skills in counselling and substance use related issues. A commitment to confidentiality is required of all employees, volunteers and students.

East Kootenay Addiction Services Society has policies and procedures for investigating behavior that may be misguided or unethical on the part of a staff member, volunteer or student. If you have a complaint about the services you have received, you may speak to any staff or board member and they will ensure that your concerns are promptly addressed.

To access our counselling services, complete our Client Intake form. When we receive your completed form, we will contact you within three business days to schedule an appointment.

If this is an emergency, call 911, the Crisis Line at 1-888-353-2273, or your doctor.

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**Columbia Valley**

1022A 7th Ave,  
PO Box 636,  
Invermere BC, V0A 1K0  
Ph: (250) 342-3868  
Fax: (778) 526-5019  
mchapman@ekass.com

**Cranbrook**

202-1617 Baker St.  
Cranbrook, BC V1C 1B4  
Ph: (250) 489-4344  
1-877-489-4344  
Fax: (250) 489-1020  
info@ekass.com

**Creston**

915 Pine Street  
Creston BC, V0B 1G0  
Ph: (250) 428-3036  
Fax: (250) 428-5175  
bloughran@ekass.com

**Golden**

421 9th Ave N,  
PO Box 415,  
Golden BC, V0A 1H0  
Ph: (250) 344-2000  
Fax: (250) 344-5225  
jtelfer@ekass.com

**Elk Valley**

1221-E 7th Ave,  
PO Box 2049,  
Fernie BC, V0B 1M0  
Ph: (250) 423-4423  
1-800-644-6144  
Fax: (250) 423-6698  
dmartin@ekass.com

**EAST KOOTENAY ADDICTION SERVICES SOCIETY  
CLIENT INTAKE**

<b>First Name</b>	<b>Last Name</b>		
<b>Personal Health Care Number</b>	<b>Birth Date (m/d/y)</b>	<b>Gender</b>	<b>Preferred Pronoun</b>
<b>Street Address, Box Number, City and Postal Code</b>			
<b>Primary Phone Number</b>	<b>OK to leave a message at this number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Alternate Phone Number</b>	<b>OK to leave a message at this number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Email Address</b>	<b>OK to contact you at this email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Family Physician/Nurse Practitioner</b>			
<b>Are you concerned about?</b> <input type="checkbox"/> Your own substance use <input type="checkbox"/> Someone else's substance use			
<b>If you are here for your own use, what substance or substances are you most concerned about presently?</b>			
<b>If you are here because of someone else's substance use, what is your relationship with that person:</b>			
<b>Who recommended that you contact us?</b> <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Probation <input type="checkbox"/> Doctor <input type="checkbox"/> MCFD <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Other ( <i>specify</i> )			
<b>What are your goals or expectations for being seen at East Kootenay Addiction Services?</b>			
<b>Are you interested in the Opioid Agonist Therapy (OAT) Program? (Methadone/Suboxone/Sublocade)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you currently receiving counselling or support from any other service?</b> <input type="checkbox"/> Yes ( <i>If yes, please list</i> ) <input type="checkbox"/> No			
<b>What form(s) of counselling would you prefer? Check all that apply:</b> <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Video/Zoom			

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date