



ABORIGINAL HEALTH & WELLNESS CENTRE
OF WINNIPEG INC.

APPENDIX S

AHWC-SCS Participant Visitor Form

Sign-In	
Name/Handle/Identifier	
Date	
Time of Arrival	
DOB (mm/dd/yyyy)	
Consumption & Drug Checking	
Method of consumption	<input type="checkbox"/> Injection <input type="checkbox"/> Injection – needs assistance <input type="checkbox"/> Inhalation/Smoking <input type="checkbox"/> Intranasal snorting <input type="checkbox"/> Ingesting – drinking, eating
What drug(s) were brought today?	<input type="checkbox"/> Methamphetamines (Speed, Crank, Crystal Meth) <input type="checkbox"/> Prescription Stimulants (Amphetamine, Adderall, Ritalin) <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Hallucinogens (LSD, Acid, Mushrooms) <input type="checkbox"/> Benzodiazepines (Xanax, Librium, Valium, Ativan, Halcion, GHB-date rape) <input type="checkbox"/> Ecstasy (MDMA, Molly, BZP) <input type="checkbox"/> Codeine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Prescription Opioids (morphine, oxycodone/OxyContin, Percocet), hydrocodone (Vicodin, Lortab), Oxymorphone (Opana) <input type="checkbox"/> Down (unknown opioid – fentanyl, carfentanyl, often includes heroin) Also known as Purple or Gold Down – may contain xylazine, bromazolam, fentanyl, medetomidine) <input type="checkbox"/> Xylazine (Tranq) <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP Angel Dust <input type="checkbox"/> Bath Salts <input type="checkbox"/> Aerosol/Solvents/Inhalant
Drug Check request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Consumption	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Consumption	<input type="checkbox"/> Group room
Booth/room number	

Wait time to access service	
Staff	
Is this person at a higher risk?	<input type="checkbox"/> Pregnant <input type="checkbox"/> Youth <input type="checkbox"/> Non-self Injector <input type="checkbox"/> Overtly intoxicated <input type="checkbox"/> First-time drug user <input type="checkbox"/> Other: <input type="checkbox"/> Not at a higher risk
Additional Referrals Offered	
<input type="checkbox"/> Education	
<input type="checkbox"/> Mental Health Support	<input type="checkbox"/> Counsellor <input type="checkbox"/> Peer <input type="checkbox"/> Programming
<input type="checkbox"/> Referral	<input type="checkbox"/> RAAM <input type="checkbox"/> Primary Care Clinic <input type="checkbox"/> Transition Centre <input type="checkbox"/> System Navigation <input type="checkbox"/> AFM treatment program/facility <input type="checkbox"/> Other addiction treatment program/facility <input type="checkbox"/> Community mental health services <input type="checkbox"/> Emergency department (non-withdrawal related) <input type="checkbox"/> Employment Income Assistance (provincial) <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital-Based Withdrawal Management (e.g., Addiction Unit, HSC; local hospital) <input type="checkbox"/> Community or Residential Withdrawal Management (e.g., Main Street Project, Brandon, Thompson-AFM) <input type="checkbox"/> Mobile Community Withdrawal Management (e.g., Klinik) <input type="checkbox"/> Police <input type="checkbox"/> Indigenous community health provider <input type="checkbox"/> RAAM follow up <input type="checkbox"/> Transitional housing
Treatment (Only ask if the opportunity presents)	
Are you currently interested in addiction treatment options?	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time <input type="checkbox"/> No – I will ask when I am ready <input type="checkbox"/> No, but ask again in (time frame of their choosing) <input type="checkbox"/> Not applicable
Notes	(Text Box)