



SUNRISE

Native Addictions Services Society

1231 - 34th Avenue N.E., Calgary, AB T2E 6N4

(P) 403-261-7921 (F) 403-261-7945 Administration

(F) 403-269-5578 Client Admissions

(E) nasgeneral@nass.ca

SUNRISE-Native Addictions Services Society Application for Treatment

Date: _____

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____

Date of birth: _____ Age: _____ Sex: M _____ F _____

How did you hear about us? _____

Are you: ☐ Treaty/Status ☐ Non-Status ☐ Metis ☐ Inuit ☐ Other

Band Name: _____ Treaty # _____

Are you a residential school survivor? YES _____ No _____

AHC#: _____ SIN#: _____

Occupation: _____ Employer: _____

Marital Status: _____

Number of Children (Less than 18 years old) and ages: _____

Next of kin or person(s) to be notified in case of emergency:

Name: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

Are you mandated by Child and Family Services to attend treatment: YES _____ No _____

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Primary Addiction: _____ When did you start and how often do you use/drink/gamble etc? _____

Secondary Addiction: _____ When did you start and how often do you use/drink/gamble etc? _____

Please provide any details regarding previous treatment experience for Alcohol/Drug/Gambling dependency: _____

1) Please indicate what you are hoping to achieve through attending our program and 2) on a scale of 1-10 how committed are you to your own recovery at this time. (1 low commitment – 10 very high commitment): _____

Have you ever been **diagnosed** with a Mental Health concern (i.e., depression, anxiety, bipolar disorder, personality disorder, etc.) YES ____ No ____ . If Yes, what? _____

If yes, are you currently on any medications to treat the disorder? Please list name of medication(s): _____

Are you aware of any family member who is employed by Native Addictions Services or is currently a client? YES ____ No ____

Is this your first visit to NAS and/or Sunrise: YES ____ No ____

Are you currently feeling suicidal or have you had a recent suicide attempt? YES ____ No ____

- **Sunrise is NOT a medical facility and has NO medical staff on site. By initialing here the client acknowledges and understands the forgoing. Initial _____.**

Please describe your situation in the following areas:

1. Family Relationships:

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2. Employment (Regular type of work, employment status etc.)

3. Social (groups, activities, friends, etc.)

4. Legal/Past and Pending Charges/Upcoming Court Dates/Parole/Probation/Mandated to Treatment) – Please list ALL past and pending charges and court dates. Disclosure of legal history and current charges is a REQUIREMENT to attend treatment:

5. Family Addictions History:

6. Financial (Source of income, debts. etc)

Do you have housing after treatment? YES _____ No _____

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Staff Member's Signature: _____

Applicant's Signature: _____

Please note: Sunrise Native Addictions Services reserves the right to refuse admission to clients it deems inappropriate for its programs.



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Medication Policy for Admissions

Sunrise reviews the medication requirements and medical needs of all potential clients prior to admission. Should Sunrise staff require additional information, potential clients must agree to sign a Release/Receipt of Information for their doctor, mental health professional, or others as necessary.

Under no circumstances are Sunrise clients permitted to take **opioid, opioid replacement, benzodiazepine, barbiturate/sedative, cough/cold, or amphetamine medication** while at Sunrise. Clients are not to **start** any mood-altering medication while in the care of Sunrise. Potential clients who take medication must be stable on this medication for a minimum of **2 weeks** prior to admission. ALL medications must be **prescribed** and deemed medically necessary (including vitamins).

Sunrise Native Addictions Services does not have medical staff on site; therefore all potential clients must take care of their health and medication needs prior to admission to Sunrise.

Sunrise reserves the right to deny any potential client admission to the Inpatient or Outpatient programs based on medication or medical needs.

I, _____, of my own free will, without duress or undue influences
(Applicant's Name)
hereby give permission to Sunrise Native Addictions Services Society to release/receive relevant, confidential information written or oral to - from **Blue Bottle Pharmacy** for the purpose of my application to attend treatment. This authorization shall legally remain in effect until cancelled by myself in writing or after **a period of 2 years** from the date this form is signed.

Applicant Signature

Date