



## Sunrise Healing Lodge

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 Healing Lodge Application for Outpatient Treatment

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Pregnant: Yes \_\_\_ No \_\_\_

How did you hear about us? \_\_\_\_\_

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

Band Name: \_\_\_\_\_ Treaty # \_\_\_\_\_

First Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

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? Yes \_\_\_ No \_\_\_ Yes by whom: CFS: \_\_\_ Probation: \_\_\_ Parole: \_\_\_ Other: \_\_\_

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Do you have three days clean and sober from alcohol, drugs, and gambling? YES \_\_\_\_\_ NO \_\_\_\_\_

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? \_\_\_\_\_

Are you currently on any medications? If yes, please list name of medication(s): \_\_\_\_\_

Are you aware of any family member who is employed by Sunrise Healing Lodge or is currently a client? YES \_\_\_\_\_ No \_\_\_\_\_

Is this your first visit to 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.)**

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

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**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:**

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**5. Family Addictions History:**

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Staff Member's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Please note: Sunrise Healing Lodge reserves the right to refuse admission to clients it deems inappropriate for its programs.**

## **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 **opioids, opioid replacements, benzodiazepines, barbiturates/sedatives, gabapentin, cough/cold medications, sleeping aids or stimulants** 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 **4 weeks** prior to admission. ALL medications must be **prescribed** and deemed medically necessary (including vitamins).

Sunrise Healing Lodge 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 Healing Lodge 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