



Sunrise Healing Lodge

1231 - 34th Avenue N.E., Calgary, AB T2E 6N4
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 (P) 403-269-5567 (F) 403-269-5578 Client Admissions
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Confidential Inpatient Treatment Medical Form

It is a requirement of Sunrise Healing Lodge Society that any client seeking admission to this facility must present a recent medical examination. This form should be filled out by a Doctor/RN and be included with the client's application for admission.

Applicant's Name: _____

Date of Birth: _____ Alberta Health Care Number: _____

Client's Consent to Release Information:

I, _____ (client's name) hereby consent to the release of my medical assessment contained in this questionnaire to Sunrise Healing Lodge Society. I also give permission for Sunrise and staff to contact the below medical professional should further medical information be required for my admission to the Sunrise program.

Client or Applicant's Signature: _____

Date: _____

Doctor/RN Name: _____ Phone Number: _____

Address: _____

Are you the applicant's regular Doctor: YES NO

Certain medical conditions may restrict the client's participation in the treatment program. Please indicate whether this applicant has a history of any of the following:			
Cancer		Sexually Transmitted Disease	
Epilepsy		Heart Disease	
Diabetes		Tuberculosis	
Allergies		Respiratory Problems	
Rheumatic Fever		Hallucinations	
Visual Problems		Audio Problems	
Alcohol/Drug Related Seizures		Arthritis	
Hepatitis/Liver Disease		Kidney Disease	
Pressure Ulcers		VTE (Venous thromboembolism)	
Skin or Wound Care Necessary		Recent Surgery	
Other: please specify			

Tuberculosis Symptom Inquiry – does this applicant present with any of the following symptoms:

- cough \geq 3 weeks (productive) fever night sweats
- weight loss fatigue hemoptysis

If symptoms suggest active TB disease, chest x-ray and sputum samples for AFB and culture are recommended and possible referral to Tuberculosis Services 403-944-7660.

Influenza Symptom Inquiry – Does this applicant present with any of the following symptoms:

- symptoms of fever cough runny nose sore throat
- body aches fatigue lack of appetite diarrhea vomiting

If symptoms suggest active influenza please direct the client for proper treatment. Clients must be symptom free to attend our Inpatient Treatment Program.

Psychological/psychiatric conditions that might interfere with participation in the program. Are you aware of any conditions (i.e.: extreme anxiety, psychosis, depression, suicide attempts, etc.) that should be taken into account during treatment. Please detail:

Please List all Drug and Food Allergies:

Current Medications	Prescribed by	Date Prescribed	Duration and Reason Prescribed

I certify the above to be true to the best of my knowledge:

Doctor/RN Signature

Date

