



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: _____ Email: _____

Date of birth: _____ Age: _____

How do you identify?: Male _____ Female _____ Other _____ Pregnant: Yes ___ No ___

How did you hear about us? _____

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

Band Name: _____ Treaty # _____

Frist 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: _____

Please indicate what you are hoping to achieve through attending our program and what your own commitment to your recovery is at this time?

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.)

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:

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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