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 # ___________________________

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: ____

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.

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CONSENT FOR RELEASE AND COLLECTION OF CONFIDENTIAL INFORMATION

I, ______________________________, give permission to **Sunrise Healing Lodge** to contact:
PRINT NAME

TO/FROM (Please check only those that you have involvement with)	☐ Alberta Health Services ☐ Calgary Drug Treatment Court ☐ Calgary Probation and Community Corrections ☐ Corrections Service Canada ☐ Alberta Works ☐ First Nation Inuit Health Branch (FNIHB), Medical Transport (NIHB) ☐ Assured Income for the Severely Handicapped (AISH) ☐Child and Family Services/Mahmawi-Atoskiwin ☐ Elizabeth Fry Society and John Howard Society ☐ Oxford House ☐ Other: ____________________________________

WHAT INFORMATION	For the purposes of arranging funding for treatment, transportation to/from treatment, medical assessment for treatment, housing for pre-treatment, and status of criminal charges, probation or parole to assess appropriateness for treatment.

CONSENT	I understand that provision of treatment services is not entirely dependent upon my decision to release information and that I may cancel this consent at any time. I also understand that some action may have been taken prior to cancellation. Client Signature: ____ Witness: ____ Date signed: _____/____/____ Permission will expire on ____/____/____/

CANCEL	I, _________________________, cancel this permission. I understand that some action may have been taken prior to this cancellation. Client Signature: ________________________ Witness: _______________ Date Signed: _____/_______/________

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