



## Sunrise Healing Lodge

1231 - 34th Avenue N.E., Calgary, AB T2E 6N4  
(P) 403-261-7921 (F) 403-261-7945 Administration  
(P) 403-269-5567 (F) 403-269-5578 Client Admissions  
(E) admissions@nass.ca

### Sunrise Healing Lodge Society Application for Outpatient Treatment

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

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

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

Phone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

How do you identify?: Male \_\_\_ Female \_\_\_ Other \_\_\_\_\_ (please specify)

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

Are you:  Treaty/Status  Non-Status Aboriginal  Métis  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: \_\_\_\_\_

Are you **mandated** by Child and Family Services to attend treatment: YES \_\_\_\_\_ NO \_\_\_\_\_

Are Child and Family Services involved with your family? \_\_\_\_\_

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

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

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

Relationship to Applicant: \_\_\_\_\_

**Primary Addiction - Please pick one:**

- Alcohol
- Amphetamine
- Other stimulants
- Cannabis
- Cocaine/Crack
- Gabapentin
- Hallucinogens
- Heroin
- Fentanyl
- Prescription Opioid
- Hypnotics/Sedatives
- Inhalents/Solvents
- Other, please explain: \_\_\_\_\_

When did you start and how often do you use/drink/gamble etc? \_\_\_\_\_

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**Secondary Addiction- Please check off all other substances used:**

- Alcohol
- Amphetamine
- Other stimulants
- Cannabis
- Cocaine/Crack
- Gabapentin
- Hallucinogens
- Heroin
- Fentanyl
- Prescription Opioid
- Hypnotics/Sedatives
- Inhalents/Solvents
- Other, please explain: \_\_\_\_\_

When did you start and how often do you use/drink/gamble etc? \_\_\_\_\_

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Please provide any details regarding previous **treatment** experience for

Alcohol/Drug/Gambling dependency:

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Factors that have contributed to your need for Addictions Treatment- Select any that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abuse/Violence             | <input type="checkbox"/> Impulse Control      | <input type="checkbox"/> Personality     |
| <input type="checkbox"/> Acting Out/Antisocial      | <input type="checkbox"/> Legal                | <input type="checkbox"/> Relationships   |
| <input type="checkbox"/> Addiction (not substances) | <input type="checkbox"/> Medical              | <input type="checkbox"/> Self-Harm       |
| <input type="checkbox"/> Cognitive                  | <input type="checkbox"/> Mood                 | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Crisis                     | <input type="checkbox"/> Neurodevelopmental   | <input type="checkbox"/> Sleep           |
| <input type="checkbox"/> Developmental              | <input type="checkbox"/> Obsessive/Compulsive | <input type="checkbox"/> Social          |
| <input type="checkbox"/> Eating                     | <input type="checkbox"/> Other Mental Health  | <input type="checkbox"/> Trauma/Stress   |

- 1) Please indicate what you are hoping to achieve through attending our program and
- 2) Please detail your level of commitment to your recovery:

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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):

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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 \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

- **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/Social Supports:**

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**2. Employment (Regular type of work, employment status 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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**6. Income Source- Please check all that apply:**

- Employment
- Alberta Works
- AISH
- Employment Insurance (EI)
- On-Reserve Income Assistance
- Other assistance or source of income
- No income

Do you have safe and stable housing during outpatient treatment? YES \_\_\_\_\_ No \_\_\_\_\_

**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)	<input type="checkbox"/> Alberta Health Services <input type="checkbox"/> Calgary Drug Treatment Court <input type="checkbox"/> Calgary Probation and Community Corrections <input type="checkbox"/> Corrections Service Canada <input type="checkbox"/> Alberta Works <input type="checkbox"/> First Nation Inuit Health Branch (FNIHB), Medical Transport (NIHB) <input type="checkbox"/> Assured Income for the Severely Handicapped (AISH) <input type="checkbox"/> Child and Family Services/Mahmawi-Atoskiwin <input type="checkbox"/> Elizabeth Fry Society and John Howard Society <input type="checkbox"/> Oxford House <input type="checkbox"/> Other: _____
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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.
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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 ____/____/____/
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CANCEL	I, _____, cancel this permission. I understand that some action may have been taken prior to this cancellation. Client Signature: _____ Witness: _____ Date Signed: ____/____/____
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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 **opioids, opioid replacements, benzodiazepines, barbiturates/sedatives, or sleeping aids** while at Sunrise. **All other medications will be considered on a case-by-case basis.** 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 Date of Birth

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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### **Important Information for Outpatient Clients**

**(Please keep for your information – Do not send back)**

#### **Application:**

Please ensure your application is complete. After your application is sent in, allow 3 business days for processing. Once your application has been approved, we will give you an intake date. Please call the Outpatient Counsellor if you have questions.

#### **Appointments:**

Clients will not be allowed to attend outside appointments/court dates while in the Outpatient Program.

#### **Bag and Cell Phone Policy:**

All Outpatient clients must hand in their backpack/purse and cellphone to reception every morning.

#### **Other Stuff:**

- You must stop gambling and using drugs & alcohol a minimum of **3 days** before your intake. If you need help to stop using drugs &/or alcohol prior to your intake, let us know and we will help you with a referral.
- You are expected to attend community 12 Step meetings, please discuss with Counsellor if you need help with a bus pass/bus tickets.
- We reserve the right to perform random drug and alcohol tests.
- **You may not bring any items containing alcohol or acetone, cell phones or any electronic devices.**
- No outside food (i.e. Candy, pop, etc.) is allowed into the agency. All outside food and drinks will be disposed of when you check in with reception in the morning for group.
- No couples, siblings, or immediate family members are permitted to attend any Sunrise programs at the same time.
- Smoking is allowed only outside the centre in designated areas and during specific times.
- Treatment groups run 5 days a week. It is **mandatory** for you to attend all groups, including 12 Step meetings and Cultural activities.
- Open communication occurs between all counselors. Sunrise strictly upholds client confidentiality outside of the agency.