



Sunrise Healing Lodge

1231 - 34th Avenue N.E., Calgary, AB T2E 6N4
(P) 403-261-7921 (F) 403-261-7945 Administration
(E) nasgeneral@nass.ca

Sunrise Healing Lodge Society Application for Outpatient Treatment

Please select one: 13 Week Program ☐ 4 Week Condensed Program ☐ Drop-In ☐

Date: _____

Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Homeless? Yes _____ No _____ Explain: _____

Phone Number: _____ Can Sunrise leave a message at this number? _____

Email Address: _____

Date of birth: _____ Age: _____ Gender Identity: _____

How did you hear about us? _____

Are you: ☐ Treaty/Status ☐ Non-Status Aboriginal ☐ Métis ☐ Inuit ☐ Other

Band Name: _____ Treaty #: _____

Do any of the below pertain to you:

Residential School ☐ Sixties Scoop ☐ Day School ☐ Indian Hospital ☐

Alberta Health Care #: _____ (REQUIRED FOR TREATMENT)

Occupation: _____ Employer: _____

Marital Status: _____ Number of Children (under 18 years old) and ages: _____

Where do your children live and with who? _____

Are you **mandated** by Child and Family Services (CFS) to attend treatment: YES ____ NO ____

Are Child and Family Services involved with your family? _____

CFS Worker Name AND Phone Number: _____

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Primary Addiction - Please pick ONE:

- ☐ Alcohol
- ☐ Amphetamine
- ☐ Other stimulants
- ☐ Cannabis
- ☐ Cocaine/Crack
- ☐ Gabapentin
- ☐ Hallucinogens
- ☐ Heroin
- ☐ Fentanyl
- ☐ Prescription Opioid
- ☐ Hypnotics/Sedatives
- ☐ Inhalants/Solvents
- ☐ Other, please explain: _____

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

Secondary Addiction- Please check off all other substances used:

- ☐ Alcohol
- ☐ Amphetamine
- ☐ Other stimulants
- ☐ Cannabis
- ☐ Cocaine/Crack
- ☐ Gabapentin
- ☐ Hallucinogens
- ☐ Heroin
- ☐ Fentanyl
- ☐ Prescription Opioid
- ☐ Hypnotics/Sedatives
- ☐ Inhalants/Solvents
- ☐ Other, please explain: _____

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, list dates of attendance:

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

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

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

Have you ever been **diagnosed** with a Mental Health concern (i.e., depression, anxiety, bipolar disorder, personality disorder, etc.) YES ____ NO ____

If Yes, what and when were you diagnosed? _____

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

Are you currently having thoughts of suicide or self-harm, or have you had past attempts? YES ____ NO ____ If yes, please explain when: _____

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 ____

If NO, when did you attend Sunrise? _____ Inpatient or Outpatient? _____

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Please describe your situation in the following areas:

1. Family/Social Supports:

2. Employment (Regular type of work, employment status etc.)

3. Legal: Disclosure of ALL legal history and ALL past/pending charges is a REQUIREMENT to attend treatment:

a. Do you have current criminal charges? If yes, please list below in DETAIL:

b. Do you have past criminal charges? If yes, please list below in DETAIL:

c. Do you have upcoming court dates? If yes, please list below. Attendance at court/trial will not be permitted while attending Sunrise.

d. Are you on probation, parole, or bail? If yes, please list below. Probation Order/Release Papers/Conditions MUST be provided to Sunrise prior to treatment approval.

Probation/Parole Officer Name and Phone Number: _____

e. Are you now or have you been in the past a member of or affiliated with a Security Threat Group or gang? Explain:

5. Family Addictions History:

6. Income Source- Please check all that apply:

- ☐ Employment
- ☐ Alberta Works, please list Alberta Works File # _____
- ☐ AISH
- ☐ Employment Insurance (EI)
- ☐ On-Reserve Income Assistance
- ☐ Other assistance or source of income
- ☐ No income

Do you have safe and stable housing for after treatment? YES _____ No _____

Sunrise is NOT a medical facility and has NO medical staff on site.

Sunrise is a trauma-informed facility, NOT a trauma-focused facility. Sunrise does not have psychologists available to clients.

Applicant's Signature: _____

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

Full Name: _____ **Phone Number:** _____

Address: _____

Relationship to Applicant: _____

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 or Recovery Alberta ☐ Calgary Drug Treatment Court ☐ Calgary Probation and Community Corrections ☐ Corrections Service Canada ☐ Calgary Police Service or POET ☐ Alberta Works ☐ First Nation Inuit Health Branch (FNIHB), Medical Transport (NIHB) ☐ Assured Income for the Severely Handicapped (AISH) ☐ Child and Family Services ☐ Elizabeth Fry Society and John Howard Society ☐ Oxford House ☐ 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 (other than sublocade) or benzodiazepines** while attending Sunrise. **All other medications will be considered on a case-by-case basis.** Certain medications (stimulants/gabapentin) may require additional doctor notes to be permitted. 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/vitamins must be prescribed and deemed medically necessary.

Sunrise Healing Lodge does not have medical staff on site; all potential clients **MUST** take care of their health and medication needs prior to admission.

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 **Mint Health/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

Alberta Health Care #

Applicant Name (PRINT)

Applicant Signature

Prescription Coverage Information

Current Pharmacy Name and Phone Number

Date

Sunrise Healing Lodge 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. Schedule appointments outside of program hours.

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.



SUNRISE

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BANNED MEDICATION LIST

This list is not exhaustive and other medications may be refused

Opioids <u>Examples Include:</u> • Codeine (T2's and T3's etc.) • Morphine/ Hydromorphone • Oxycodone (OxyContin/OxyNeo) • Fentanyl • Suboxone/Methadone/Kadian	Benzodiazepines <u>Examples Include:</u> • Xanax (alprazolam) • Valium (diazepam) • Ativan (lorazepam)
Barbiturates/Sedatives <u>Examples Include:</u> • Amytal Sodium (amobarbital) • Nembutal (pentobarbital) • Luminal (phenobarbital)	Cough/Cold Medication <u>Examples Include:</u> • Benadryl • Robitussin • Nyquil
Cannabis • Including medical marijuana	

Clients are not permitted to START any mood-altering medications (anti-depressants, anti-psychotics) while in treatment at Sunrise. Clients must be stable for a minimum of 4 weeks on any mood-altering medications before attending Sunrise.

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