



Poundmaker's Lodge Treatment Centres

25108 Poundmaker Road, Sturgeon County, AB T8T 2A2
Phone: (780) 458-1884 Toll free: 1(866)458-1884 Fax: (780) 459-1876

For more information please visit: www.poundmakerslodge.ca

Detox Application

Application Requirements

1. Application form completed and signed by applicant
2. Must provide Physician's full contact information

If applicant is currently being treated by a Psychiatrist, contact information must be provided.

Financial Requirements

All Alberta residents must provide a current and valid Alberta Health Care number on the application form. The Government of Alberta has committed to significant investment and changes to addiction treatment and recovery for Albertans. As part of the Government's work and realignment of funding envelopes, all publicly funded residential addiction treatment services are mandated to cease charging Albertans fees for access to publicly funded residential addictions treatment, effective October 1st, 2020.

** Please be advise entering Poundmaker's Lodge Detox Program does not guarantee entrance into the 42-day or 90-day programs. **

Applicants from outside Alberta: Poundmaker's Lodge Detox Program service charge is \$300 per day. Client referrals will be sent an invoice after exiting the Detox Program.

Return all 3 pages by mail, email to admissions@poundmaker.org or by fax to our Admissions department at fax 780-459-1876. Omitted information, incomplete or illegible answers may delay your admission.

Applicant Information

Full Name: _____ Date: _____
Last First M.I. Mm/dd/yyyy

Date of birth _____
Mm/dd/yyyy

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Primary Phone: _____ Secondary Phone: _____

Heath Card Number _____ Male: Female: Other: _____

Are you an Alberta Resident? Yes No If no, please state which province: _____

Are you Treaty status? Yes No If yes, 10-digit Treaty Number? _____
(if applicable)

If you are not treaty status, if prescriptions or ambulance services are required, how will they be paid for?
(Alberta Works/AISH, Blue Cross, Sunlife manual, etc.) _____

Emergency Contact #1 _____

Primary Phone _____

Emergency Contact #2 _____

Primary Phone _____

Physician and Psychiatrist Information

Physician Name: _____ Address: _____

Phone Number: _____ Fax Number: _____

If Applicable:

Psychiatrist Name _____ Address: _____

Phone Number: _____ Fax Number: _____

Have you ever had a mental health assessment? Yes No Date of assessment? _____

Medical Information

Are you pregnant? Yes No If so, please state gestational duration: _____

Date of clients last medical (Please attach if within the last 6 months): _____

Do you currently any outstanding medical issues, if so, please explain: _____

Have you ever been diagnosed with MRSA? Yes No Do you currently have any open wounds? Yes No

Please indicate substances used:

| Substance | Frequency | Route | Last Use |
|-----------|-----------|-------|----------|
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| | | | |
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| | | | |

Have you ever had a seizure? Yes No

(If yes, please indicate):

Drug & alcohol induced Yes No OR Medical condition Yes No
Please Clarify: _____

Are you currently taking any of the following?

Suboxone Yes No Methadone Yes No Naltrexone Yes No

Please list the current medication you are taking:

| Medications | Frequency | Amount | Route |
|-------------|-----------|--------|-------|
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Have ever had any Suicidal/ Homicidal Ideations? _____

If so, please explain:

Disclaimer and Signature

I (client) _____ give Poundmaker's Lodge Treatment Centers permission to contact any/all of supports including (but not inclusive to) physician, psychiatrists.

Print: _____

Signature: _____
Client

Date

Print: _____

Signature: _____
Witness

Date

