



Application for Medical Detox

Application Requirements

1. Application form completed and signed by client.
2. IF APPLICABLE- Referring person complete page 5. – See Page 5 for referral requirements.
3. Alberta clients: (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 addiction treatment, effective Oct 01, 2020.
4. For clients outside Alberta: Medical Detox service charge of \$350 per day. Must have an agency providing funding confirmation OR if self-paying, payment for the full amount the day prior to admission.

Return all 6 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.

Detox Application				
Date of Application:				
Legal Last Name		Legal First Name		Middle Name
Date of Birth (YYYY-MM-DD)	Health Care Number	Age	Male	
			Female	
			Other:	
Mailing Address:		City/Town:		
No fixed address (please specify which City you reside in				
Province:		Postal Code:		
Primary Phone:		Secondary Phone:		
If you do not have a phone, where can we leave a message for you?				
Email Address:				
Have you been provided with the program Information?				
Yes				
No				
Are you open to cultural/spiritual components of the detox program?				
Yes				
No				
Treaty Status (if applicable)				
Band Name:				
10 Digit Treaty Number:				



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Emergency Contact	
Next of Kin to be notified in case of emergency:	Relationship to the Applicant:
Primary Phone Number:	Secondary Phone Number:
Secondary next of kin to be notified:	Relationship to the Applicant:
Primary Phone Number:	Secondary Phone number:
Current Substance Use	
What Substance are you using?	
What do you use most often?	
Pattern of use (e.g.: daily, binge)	Route (e.g.: IV, Oral, Intranasal, etc.)
How long have you used this substance?	
How long has this been a problem for you?	
Date you last used this substance? (YYYY-MM-DD)	
Legal Matters	
Do you have any current legal matters? No Yes, provide details:	
Do you have Child Welfare involvement? No Yes, Worker's Name: _____ Contact: _____	
Treatment History	
Treatment Application in progress? No Yes, provide details (when, where):	
Have you previously attended a treatment centre for addictions? And if so, which one(s) and when?	
How long did you remain alcohol, drug free after treatment?	
Are you open to treatment after detox? No Yes	
Medical	



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<p>Describe current medical concerns or limitations? (e.g., chronic health issues, recent surgery, injuries, pain, etc.)</p> <p>No Yes, provide details:</p>
<p>Have you been hospitalized in the past 12 months?</p> <p>No Yes, provide details:</p>
<p>Have you ever experienced mental health concerns? (e.g., panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.)</p> <p>No Yes, provide details:</p>
<p>Have you ever been diagnosed with a mental health illness?</p> <p>No Yes, provide the diagnosis:</p> <p>Are you currently taken medication for this diagnosis?</p> <p>No Yes, provide name and dose of the prescribed medication:</p>
<p>Have you had any thoughts of suicide and/or have you self-harmed?</p> <p>No Yes, describe in detail:</p>
<p>Have you attempted suicide?</p> <p>No Yes, describe in detail:</p>
<p>Are you pregnant?</p> <p>No Yes,</p> <p>Physician managing the pregnancy and delivery: Phone Number:</p>
<p>Have you ever experienced withdrawal seizures?</p> <p>No Yes, describe in detail:</p>
<p>Do you have an history of epilepsy?</p> <p>No Yes, describe in detail:</p>



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Have you been medically assessed for withdrawal? No Yes, describe in detail:								
Date or year of your last medical:								
If currently under the care of a Doctor/Psychiatrist/Psychologist, complete the following boxes below								
Doctor's Name:			Phone Number:			Fax Number:		
Psychologist's Name:			Phone Number:			Fax Number:		
Psychiatrist's Name:			Phone Number:			Fax Number:		
Medications (if more room is needed, attach list)								
*At Poundmaker's Lodge Treatment Centres, we have a restricted medication list which indicates medications we do not allow the clients to enter detox with. Please see the following page for further details.								
Medication	Dose	Route	Frequency	Reason given	Start Date	End Date	Prescribed By	Phone Number
Are you on Suboxone/Methadone? No, are you open to initiation: Yes, stabilized dose:								
Carefully Read the Following								
<ul style="list-style-type: none"> • I understand Poundmaker's Lodge is not responsible for personal costs that may incur (e.g. approved medications) while I am in treatment. • I understand I cannot schedule any appointments (legal, dental, medical, or personal) for the period while in detox. 								
Signature:					Date (YYYY-MM-DD)			

Waiver to Release Information

I, _____ authorize any professionals listed on this application (Referrals, Medical Staff, Probation Officers) to release to Poundmaker's Lodge Treatment Centres any information, including but not limited to, medical diagnosis, psychological and/or psychiatric assessments, evaluations and legal matter pertaining to my treatment at the aforementioned centre.

Signature:	Date (YYYY-MM-DD)
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**** Please note that we offer admissions on a first come first serve basis and it is your responsibility to contact admissions to ensure your application has been received. Please note application expires after 21 days, it is your responsibility to keep in contact. Any missing information will result in delays.**



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Application Checklist

Completed application forms answering all questions leaving no questions blank

IF APPLICABLE Complete referral information on page 5

Restricted medication documentation, see page 6 for options (if applicable)

IF APPLICABLE - Note that all referrals must be on a professional basis

Referral guidelines:

- The referral will be the contact person for the applicant.
- The referral will assist with setting up funding and travel (if necessary) for the applicant.

This section is to be completed by the referring person only - IF APPLICABLE			
Referring Person's name:			
Agency:		Professional relationship to applicant:	
Business Address:		City:	Province:
Postal code:	Email:		
Phone Number:		Fax Number:	
Contact the referral for any missing information and to set an admission date			
Contact the applicant for any missing information and to set an admission date			
Referral's Signature		Date (YYYY-MM-DD)	
Client's Signature		Date (YYYY-MM-DD)	



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The following medications are restricted at Poundmaker's Lodge Treatment Centre's:

** (Note: this list is not exhaustive and other medications may be subject to restriction) *

<p>Opioid Pain Medications</p> <ul style="list-style-type: none"> • Codeine & Codeine containing products (e.g. Tylenol #3) • Morphine (eg. Kadian) • Fentanyl • Hydromorphone (Dilaudid) • Oxycodone (Percocet, OxyNeo) • Meperidine (Demerol) • Tapentadol (Nucynta) • Tramadol (Zytram, Ralivia, Tridural) • Pentazocine (Talwin) • Propoxyphene (Darvon) 	<p>Benzodiazepines</p> <ul style="list-style-type: none"> • Alprazolam (Xanax) • Bromazepam (Lectopam) • Lorazepam (Ativan) • Oxazepam (Serax) • Temazepam (Restoril) • Triazolam (Halcion) • Chlordiazepoxide (Librium) • Clonazepam (Rivotril) • Clorazepate (Tranxene) • Diazepam (Valium) • Flurazepam (Dalmene) • Nitrazepam (Mogadon)
<p>Psychostimulants</p> <ul style="list-style-type: none"> • Dextroamphetamine (Dexedrine) • Amphetamine Mixed Salts (Adderall XR) • Lisdexamfetamine (Vyvanse) • Methylphenidate (Ritalin, Biphentin, Concerta) • Modafinil (Alertec) 	<p>Miscellaneous</p> <ul style="list-style-type: none"> • Varenicline (Champix) • Nabilone (Cesamet) • Dronabinol (Marinol) • Medical Marijuana • Zopiclone (Imovane)

What if I am taking Methadone or Suboxone for opioid dependence treatment?

Methadone and Suboxone will be accepted at Poundmaker's Lodge Treatment Centres only if your physician has indicated you are on a stable maintenance dose.

We suggest dosing prior to coming in on your admissions day to avoid any delay in receiving your medications.

What if I am currently on a restricted Medication? We have 3 suggestions for restricted medications prior to admissions:

- With physician guidance and supervision, you may be able to discontinue the medication for the duration of your treatment. We suggest making a plan with your physician to taper off any medications.
- You can request from your physician an alternative medication that is not on the restricted medication list.
- In the event the physician feels that there is no alternative to the medication, a medical note may be written by the physician stating the reasoning for the medication as well as the length of time on said medication(s).

The note from the physician must contain the following:

1. What the medication is used to treat,
2. What dosage the patient is on,
3. What the duration of use is,
4. Statement that there is no alternative medication,
5. What will happen when client is not on this medication,
6. Statement that physician believes this medication would contribute to the client successfully completing Poundmaker's Lodge programming or addiction treatment (it needs to specifically say addiction treatment or Poundmaker's).

*** Restricted medications are always on a case-by-case basis and must be approved by medical staff ***

Referral's Name	Signature	Date (YYYY-MM-DD)
Client's Name	Signature	Date (YYYY-MM-DD)