



Poundmaker's Lodge Treatment Centres Day Program Treatment Application

Email: admissions@poundmaker.org

Phone: 587-401-6671 Fax: 780-459-1876

Application Requirements

1. The application form completed and signed by client.
2. You can be self-referred or have a professional referral to attend our day program.

Admission Criteria

1. All legal, medical, education, employment, and childcare services must be dealt with prior to admission so as not to interfere with your treatment program.
2. To be admitted to treatment, I understand that if I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be referred to a detoxification setting.

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

Legal Last Name		Legal First Name		Middle Name
Other Name(s) Used, First and Last:				
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:				
Ethnicity:				
Status	Métis	Non-Indigenous		
Non-Status	Inuit	Other:		
Employment status: (please check one box only)				
Employed		Unemployed		
Not in Labor Force		Student		
Retired				
Next of Kin to be notified in case of emergency:			Relationship to the Applicant:	
Primary Phone Number:			Secondary Phone Number:	



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Legal Matters

****All Legal Matters must be dealt with prior to admission as to not interfere with your treatment****

Please check off any conditions that apply and complete the section below. (Please submit any legal orders)				
Federal	Parole	Statutory Release		
Provincial	Probation	Recognizance	Conditional Sentencing Order	Temporary Absence
Type of Offence			Name of Parole/Probation Officer	
Parole/Probation Officer's Phone			Parole/Probation Officer's Agency/Office	
If you have a history of criminal convictions, list the type of approximate dates of conviction(s)				
Please list any recent charges from the past year. (We may require supporting documentation)				
I, _____ confirm that I do not have any current legal matters before the courts for have any legal orders such as listed above. If this is to chance during my wait period, I will update Poundmaker's Lodge Treatment Centre's with my current circumstances.				
Signature:			Date (YYYY-MM-DD)	



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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.
- The referral will receive a Treatment Summary Report once the client has completed treatment.

☐ Please check this box if you are self-referring

This section is to be completed by the referring person only					
Referring Person's name:					
Agency:			Professional relationship to applicant:		
Business Address:			City:		Province:
Postal code:		Email:			
Phone Number:			Fax Number:		
Type of Referral (check the box which most applies)					
AHS Addiction Services		Health/Medical Doctor		Business/Workplace:	
Other Addiction Agency		Justice/Legal Counsel		EPA	Human Resources
Mental Health Centre		WCB/Disability Management		Other:	
Readiness for change:					
Pre-Contemplative	Contemplative	Preparation	Action	Maintenance	Relapse
What is your assessment of the applicant's readiness and motivation for residential treatment?					
Other than alcohol, drug or gambling, what issues does the applicant need to address while in the program?					
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					
Send a copy of the Treatment Summary Report to the referral once treatment has been completed					
Referral's Signature			Date (YYYY-MM-DD)		
Client's Signature			Date (YYYY-MM-DD)		



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Please describe in detail your alcohol, other drug use and/or gambling

What Substance are you Seeking Treatment for?	
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)	
Other Substance Used	
What other substance do you use?	
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)	
Gambling	
Types of gambling done. (VLT, Bingo, Lottery)	
Pattern of gambling (e.g.: daily, weekends, paydays)	
Amount of money gambled per occasion	
How long have you gambled?	
How long has this been a problem for you?	
Date you last gambled (YYYY-MM-DD):	



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1. Do you have any special needs or problems that we need to be aware of? (<i>reading and writing English, wheelchair accessibility, hearing difficulties, problem with stairs and long corridors</i>)
No Yes, provide details:
2. Describe current medical problems (e.g.: chronic health issues, recent surgery, injuries, pain, etc.)
3. Have you been hospitalized in the past 12 months?
No Yes, provide details:
4. Have you ever experienced mental health concerns? (<i>e.g. panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.</i>)
No Yes, provide details:
5. Have you had any thoughts of suicide and/or have you self-harmed?
No Yes, provide details:
6. Have you attempted suicide?
No Yes, describe in detail



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Medication: Medications, including any OAT (opioid agonist therapy) (if more room is needed, attach list)	
Allergies (e.g.: drug, food, latex, other)	Special Dietary Requirements
Carefully Read the Following:	
<ul style="list-style-type: none"> • I understand to be admitted to treatment, that if I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be referred to a detoxification setting before treatment. • I understand Poundmaker's Lodge is not responsible for personal costs I may incur (e.g. emergency ambulance rides) while I am in treatment. • I understand I cannot schedule any appointments (legal, dental, medical, or personal) for the period while in treatment. I must focus on my treatment program. • I understand and agree to accept and attend all components of the treatment program as prescribed by Poundmaker's Lodge including all lectures, 12 step meetings, leisure and group counseling sessions 	
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. Any missing information will result in delays. We require the following before you can be placed on the waitlist. Application expires after 6 months; it is your responsibility to keep in contact. ****

Application Checklist

Completed application forms answering all questions leaving no questions blank

Include if you've had any recent charges, legal orders, upcoming court, or legal matters (including Probation / Parole Officers name and contact information on page 2)

Signatures - 1 signature on pg. 2 Legals, 1 signature on pg. 3 if you are referred by a professional, and 2 signatures on pg. 6

Lunch will be provided daily. Please ensure you have indicated any allergies or special dietary requirements (highlighted in yellow above).