



Poundmaker's Lodge Treatment Centres Day Program Treatment Application

Email: admissions@poundmaker.org

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 Click or tap here to enter text.	Legal First Name Click or tap here to enter text.	Middle Name Click or tap here to enter text.
Other Name(s) Used, First and Last: Click or tap here to enter text.		
Date of Birth (YYYY-MM-DD) Click or tap here to enter text.	Health Care Number Click or tap here to enter text.	Age Click or tap here to enter text.
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
		<input type="checkbox"/> Other:
Mailing Address: Click or tap here to enter text.		City/Town: Click or tap here to enter text.
<input type="checkbox"/> No fixed address (please specify which City you reside in)		
Province: Click or tap here to enter text.		Postal Code: Click or tap here to enter text.
Primary Phone: Click or tap here to enter text.		Secondary Phone: Click or tap here to enter text.
If you do not have a phone, where can we leave a message for you? Click or tap here to enter text.		
Email Address: Click or tap here to enter text.		
Ethnicity:		
<input type="checkbox"/> Status	<input type="checkbox"/> Métis	<input type="checkbox"/> Non-Indigenous
<input type="checkbox"/> Non-Status	<input type="checkbox"/> Inuit	<input type="checkbox"/> Other: Click or tap here to enter text.
Employment status: (please check one box only)		
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Student	
<input type="checkbox"/> Retired		
Next of Kin to be notified in case of emergency: Click or tap here to enter text.		Relationship to the Applicant: Click or tap here to enter text.
Primary Phone Number: Click or tap here to enter text.		Secondary Phone Number: Click or tap here to enter text.



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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	<input type="checkbox"/> Parole	<input type="checkbox"/> Statutory Release		
Provincial	<input type="checkbox"/> Probation	<input type="checkbox"/> Recognizance	<input type="checkbox"/> Conditional Sentencing Order	<input type="checkbox"/> Temporary Absence
Type of Offence Click or tap here to enter text.			Name of Parole/Probation Officer Click or tap here to enter text.	
Parole/Probation Officer's Phone Click or tap here to enter text.			Parole/Probation Officer's Agency/Office Click or tap here to enter text.	
If you have a history of criminal convictions, list the type of approximate dates of conviction(s) Click or tap here to enter text.				
Please list any recent charges from the past year. (We may require supporting documentation) Click or tap here to enter text.				
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: Click or tap here to enter text.			Date (YYYY-MM-DD) Click or tap here to enter text.	



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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: Click or tap here to enter text.					
Agency: Click or tap here to enter text.			Professional relationship to applicant: Click or tap here to enter text.		
Business Address: Click or tap here to enter text.		City: Click or tap here to enter text.		Province: Click or tap here to enter text.	
Postal code: Click or tap here to enter text.		Email: Click or tap here to enter text.			
Phone Number: Click or tap here to enter text.			Fax Number: Click or tap here to enter text.		
Type of Referral (check the box which most applies)					
<input type="checkbox"/> AHS Addiction Services		<input type="checkbox"/> Health/Medical Doctor		<input type="checkbox"/> Business/Workplace:	
<input type="checkbox"/> Other Addiction Agency		<input type="checkbox"/> Justice/Legal Counsel		<input type="checkbox"/> EPA	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Mental Health Centre		<input type="checkbox"/> WCB/Disability Management		<input type="checkbox"/> Other: Click or tap here to enter text.	
Readiness for change:					
<input type="checkbox"/> Pre-Contemplative	<input type="checkbox"/> Contemplative	<input type="checkbox"/> Preparation	<input type="checkbox"/> Action	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Relapse
What is your assessment of the applicant's readiness and motivation for residential treatment? Click or tap here to enter text.					
Other than alcohol, drug or gambling, what issues does the applicant need to address while in the program? Click or tap here to enter text.					
<input type="checkbox"/> Contact the referral for any missing information and to set an admission date					
<input type="checkbox"/> Contact the applicant for any missing information and to set an admission date					
<input type="checkbox"/> Send a copy of the Treatment Summary Report to the referral once treatment has been completed					
Referral's Signature			Date (YYYY-MM-DD) Click or tap here to enter text.		
Client's Signature			Date (YYYY-MM-DD) Click or tap here to enter text.		



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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? Click or tap here to enter text.	
Pattern of use (e.g.: daily, binge) Click or tap here to enter text.	Route (e.g.: IV, Oral, Intranasal, etc.) Click or tap here to enter text.
How long have you used this substance? Click or tap here to enter text.	
How long has this been a problem for you? Click or tap here to enter text.	
Date you last used this substance. (YYYY-MM-DD) Click or tap here to enter text.	
Other Substance Used	
What other substance do you use? Click or tap here to enter text.	
Pattern of use (e.g.: daily, binge) Click or tap here to enter text.	Route (e.g.: IV, Oral, Intranasal, etc.) Click or tap here to enter text.
How long have you used this substance? Click or tap here to enter text.	
How long has this been a problem for you? Click or tap here to enter text.	
Date you last used this substance. (YYYY-MM-DD) Click or tap here to enter text.	
Gambling	
Types of gambling done. (VLT, Bingo, Lottery) Click or tap here to enter text.	
Pattern of gambling (e.g.: daily, weekends, paydays) Click or tap here to enter text.	
Amount of money gambled per occasion Click or tap here to enter text.	
How long have you gambled? Click or tap here to enter text.	
How long has this been a problem for you? Click or tap here to enter text.	
Date you last gambled (YYYY-MM-DD): Click or tap here to enter text.	



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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>)
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details: Click or tap here to enter text.
2. Describe current medical problems (e.g.: chronic health issues, recent surgery, injuries, pain, etc.)
Click or tap here to enter text.
3. Have you been hospitalized in the past 12 months?
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details: Click or tap here to enter text.
4. Have you ever experienced mental health concerns? (<i>e.g. panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.</i>)
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details: Click or tap here to enter text.
5. Have you had any thoughts of suicide and/or have you self-harmed?
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details: Click or tap here to enter text.
6. Have you attempted suicide?
<input type="checkbox"/> No <input type="checkbox"/> Yes, describe in detail Click or tap here to enter text.



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Medication: Medications, including any OAT (opioid agonist therapy) (if more room is needed, attach list)	
Click or tap here to enter text.	
Allergies (e.g.: drug, food, latex, other)	Special Dietary Requirements
Click or tap here to enter text.	Click or tap here to enter text.
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)
Click or tap here to enter text.	Click or tap here to enter text.

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)
Click or tap here to enter text.	Click or tap here to enter text.

**** 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).