



11050 - 108 Street NW
Edmonton, AB T5H 3A9
Phone: 780-426-1409
Fax: 780-429-3459

APPLICATION FOR INTERVIEW

If you have completed a residential treatment center within the last year please fill out the information sheet below and **fax it to 780-429-3459** or **email it to counsellor@mcdougallhouse.com**

Application Date:	
Full Name:	
Age:	
Phone number:	
Alberta Health Care Number:	
Email address:	
For what addictions are you seeking help?	
What date was your last use of alcohol or drugs?	
Are you an I.V. drug user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What mood altering substances (including alcohol, drugs, medications) have you used in the past year?	
When were you last in Detox?	
If you are in a Treatment Center, when do you graduate? If not, when and where did you complete your last treatment program?	
Who is your Addiction Counsellor in Treatment?	Name: Phone: Email:
Have you ever been hospitalized due to your use? If yes, when and where?	
Do you have a Mental Health diagnosis? If yes, please specify.	
Please list any medications , including Suboxone or Methadone. Also list dosage and date started.	

Medications continued (Please fax a copy of current medications from Treatment/ Pharmacy)	
Do you have any open wounds, skin infections or have you had any recent surgeries?	If yes, please specify:
Do you have a new or worsening cough, a cold or the flu?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: shortness of breath? rash or diarrhea? or fever in last 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any recent exposure to Chicken Pox, Measles, Mumps, Whooping cough, Tuberculosis?	If yes, please specify:
Where have you lived over the past year (own home, rented, shelters, jail, couch surfing, treatment, etc.)?	
Have you ever been Physically, Emotionally or Sexually abused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had counselling for this Abuse?	If yes, when?
Do you have any legal issues or court dates ?	If yes, please specify:
Do you have children?	If yes, please list age and first name:
Is Child and Family Services involved?)	If yes, please specify arrangement with children:
AHS will pay for your bed here, but how are you otherwise receiving funds? (eg. AB Works, AISH, EI, savings, family)	
Who referred you to McDougall House or how did you hear about us?	

Thank you for completing the first part of the application process. Depending on your situation (at home, in treatment, in detox, etc.) we will call/email you or your counsellor to set up an assessment.