



Successful living is a path, not a destination.

Southern Alcare Manor Application

Name _____ Date _____

Age _____ Alberta Health Care # _____

Referring agency _____

Do you identify as an aboriginal person? Yes/No

Contact Number _____

What city are you currently residing in? _____ Postal Code _____

Have you ever been a resident of S.A.M? Yes/No

- If yes, when _____

Tell me a little about your experience here _____

Have you been to Detox recently? Yes/No

- If yes, where? _____

- **If no, do you have a Doctor or Addictions Specialist that can confirm that you are not currently detoxing? Yes/No**

How many days have you been clean and sober? _____

Are you experiencing any of the following? Please circle yes or no.

Seizures: Yes/No **Headaches:** Yes/No **Insomnia:** Yes/No **Sweating:** Yes/No **Shakes or Tremors:** Yes/No

Nausea or Vomiting: Yes/No **Psychosis:** Yes/No **Restlessness:** Yes/No **Paranoia:** Yes/No

MEDICAL INFORMATION AND HISTORY

Do any of the following apply to you? Please circle yes or no.

Visual impairment: Yes/No

Mobility Concerns: Yes/No

Hearing impairment: Yes/No

Pregnant: Yes/No

Do you have any chronic medical concerns? (physical) Yes/No

If Yes, what? _____

Are you currently taking prescription medication on a regular basis? Yes/No

- If yes, what? _____

Would you be willing to sign a release of information with any doctors or medical supports that you have or will see? Yes/No

This is to review any prescription you are taking or begin to take during your stay.

Have you ever had a lengthy hospital stay? (Over 2 weeks) Yes/No

- Date of Hospitalization: _____

- Length of Hospital Stay: _____

- What the reason for hospitalization- _____

Have you had any medical concerns in the last 30 days? Yes/No

- If yes, when and reason for hospitalization: _____

Are you currently taking any over the counter medication and /or supplements? Yes/No

- If yes, please list: _____



Successful living is a path, not a destination.

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental Health condition or concern? Yes/No

- If yes, what? _____

Have you experienced a traumatic event that still bothers you today? Yes/No

- If yes, was it related to any of the following:

Assault: Yes/No

o If yes, to whom/what type? (example: bar fight) _____

Traumatic Loss: Yes/No

Homicide or Suicide: Yes/No

Can you briefly describe this event? _____

Have you been treated for this condition? Yes/No

Do you currently have thoughts of suicide? Yes/No

Have you ever had thoughts about suicide? Yes/No

Have things ever gotten so desperate for you that you tried to kill yourself? Yes/No

- If yes, when? _____ Method: _____

Have you ever harmed yourself in any way? Yes/No

- If yes, how? _____

SUBSTANCE ABUSE HISTORY

What is your primary addiction? _____ Length of Use _____

Have you ever had a problem with the following?

(Examples of Patterns of use: Daily Weekly Binges or Other)

Alcohol? Yes/No

- Pattern of use _____

- Amount used per occasion _____ Length of use _____

- Last Day of Use _____

Prescription Drug? Yes/No **Type?** _____

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____ Method (IE) injected) _____

Marijuana? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Crack Cocaine? Yes/No

Pattern of use _____ Length of use _____

Amount used per occasion _____ Last Day of Use _____



Successful living is a path, not a destination.

Cocaine? Yes/No

Pattern of Use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Ecstasy? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Crystal Meth? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Heroin? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Talwin & Ritalin? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Hallucinogens? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Morphine? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Opiates? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____ Method _____



Successful living is a path, not a destination.

Fentanyl? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____

Barbiturates? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____ Method _____

Inhalants/Solvents? Yes/No

Pattern of use _____

Amount used per occasion _____ Length of use _____

Last Day of Use _____ Method _____

Are you now, or have you ever been an IV user? Yes/No

Are there any other drugs that we have not mentioned that have been problem for you? _____

As of today, when was your last use of any alcohol/drug? _____

Is there any history of alcohol/drug use in your family of origin? Yes/No

- If yes, please explain: _____

Which of the following areas have been negatively affected by your use?

School Attendance: Yes/No

Psychological Health: Yes/No

Family Relationships: Yes/No

Legal Situation: Yes/No

Physical Health: Yes/No

Other: _____

Employment: Yes/No

Do you have any of the following "Process" Addictions?

Gambling: Yes/No

Shopping: Yes/No

Sex: Yes/No

Relationship[s]: Yes/No

Workaholic: Yes/No

Other: _____

BINGO

Southern Alcare receives funding through volunteering at Bingo.

As a resident of S.A.M. you will be required to join us at Bingo every week.

Do you foresee any problems in selling Bingo tickets with us as a club? Yes/No

What would your concerns be? _____



Successful living is a path, not a destination.

GAMBLING HISTORY

Have you or others identified Gambling as a problem for you? Yes/No

Please indicate any gambling activities engaged in the past 12 months:

Bingo: Yes/No **Lottery tickets:** Yes/No **Slot Machines:** Yes/No **Instant win or scratch tickets:** Yes/No

Gaming machines: Yes/No **Internet Gambling:** Yes/No **Casino Card or Table Games:** Yes/No

DIETARY HISTORY

Do you have any dietary concerns? Yes/No

- If yes, what are they? _____

Do you have any food allergies? Yes/No

- If yes, to what? _____

Do you have foods you cannot eat? Yes/No

- If yes, what are they? _____

Have you ever been concerned or thought you may have an eating disorder? Yes/No

Anorexia: Yes/No

Bulimia: Yes/No

Binge Eating: Yes/No

Orthorexia (compulsive exercise/healthy eating): Yes/No

LEGAL INFORMATION

Are you under any of the following orders?

Probation: Yes/No **Bail:** Yes/No **Parole:** Yes/No

Do you have any legal restrictions? Yes/No

- If so, what are they? _____

Conditional/Suspended Sentence order: Yes/No

No Contact Order: Yes/No **Probation Order:** Yes/No **Curfew:** Yes/No

Have you been incarcerated in the last 30 days? Yes/No

Have you been arrested, charged or convicted of any of the following?

Trafficking: Yes/No

- When? _____

Theft: Yes/No

- When? _____

Parole Violations: Yes/No

- When? _____

Drug Charges: Yes/No

- When? _____

Weapons: Yes/No

- When? _____

Sexual Assault: Yes/No

- When? _____

Robbery: Yes/No

- When? _____

Assault: Yes/No

- When? _____

Arson: Yes/No

- When? _____

Manslaughter/Murder: Yes/No

- When? _____

Family Violence: Yes/No

- When? _____

Impaired: Yes/No

- When? _____

Wilful damage: Yes/No

- When? _____

B & E: Yes/No

When? _____

Forcible Confinement

/Kidnapping? Yes/No

When? _____

Intimate Partner Violence:

Yes/ No

When? _____

Gang Affiliation: Yes/No

Active: Yes/ No



Successful living is a path, not a destination.

PREVIOUS TREATMENT

Tell me where you have been to treatment in the past? _____

Which of these treatment programs have you completed? _____

What was the reason for your discharge? _____

Do you know the cause of your relapse? _____

What has motivated you to enter into the treatment process? _____

What are your expectations of your time at S.A.M.? Are there specific areas that you would like to work on?
(Example: grief and loss, abandonment) _____

Are there any specific concerns that you would like to address during your stay at S.A.M.? Can you give us a
brief description? _____

SUPPORTS AND CONTACTS

AADAC/AHS _____

Probation/Parole Officer _____

Social Worker _____

Psychologists/Psychiatrists _____

When completed, please forward intake to: holly.alcare@shaw.ca or
Recovery.alcare@shaw.ca or fax 403-380-5857

You will be contacted by Southern Alcare Manor to review the intake and discuss bed
availability. Please provide a phone number so that we can get back to you as soon as
possible. Phone number: _____

Alternate phone number or contact information: _____