

SOUTH COUNTRY TREATMENT CENTRE

P.O. Box 1418, Lethbridge, AB T1J 4K2
Phone (403) 329-6603 Fax (403) 328-5756 www.southcountrytreatment.com
ADMISSION FORM

Any information not disclosed could result in your discharge from South Country Treatment Centre. All appointments must be taken care of before you can be given an admission date, and no appointments will be allowed while in treatment. We are a non-medical facility, therefore any client presenting with a serious illness will not be able to attend treatment until all medical issues are resolved. If you have any pending court dates we cannot give you an admission date until these legal issues have been resolved. If you are on probation or have any legal paperwork, we need a copy of these faxed to us prior to giving you an admission date. South Country Treatment Centre reserves the right to refuse admission to clients it deems inappropriate for its programs.

PART I IDENTIFICATION INFORMATION

First Name _____ Middle Name: _____ Last Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ E-Mail Address _____

Residence Telephone: _____ Alternate Telephone: _____

Date of Birth (MM/DD/YY) _____ Age: _____ Sex: Male Female Transgender

Health Care #: _____ Emergency Contact, Relationship & Phone #: _____

How did you hear about our services? Website Yellow Pages Friends/Family
Referral Agency Former Client Other

If other please indicate below (i.e. Alberta Works/Income Support,
Physician/Psychiatrist/Psychologist/Mental Health Worker, Employer, Legal)

PART II REFERRAL INFORMATION

Name of Referral (if any): _____

Agency Telephone: _____ Agency Fax: _____

Address: _____

Details of any previous treatment for addictions:

Approximate Date	Where (Institution/Agency)	Reason for treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART III HEALTH, MEDICAL AND LEGAL INFORMATION

Are you on any medication(s)? Yes No

If you are on medication please indicate below: (include herbal remedies, over the counter meds, laxatives, diet aids and vitamins)

Medication	Dosage	Frequency	Reason given	Start date

Have you experienced or been diagnosed with any of the following? (please check those that apply)

- | | | |
|-----------------------------|--------------------------------|-----------------------------|
| Depression | Auditory or visual | Fetal Alcohol Spectrum |
| Anxiety/Panic attacks | hallucinations | Suicide attempts/ideation |
| Bipolar | Borderline Personality | Self Harm (cutting/burning) |
| Psychosis | ADD and/or ADHD | Learning disabilities |
| Substance-induced psychosis | Post Traumatic Stress Disorder | |
| Schizophrenia | | |

**** NOTE: OUR PROGRAM IS PRESENTED IN ENGLISH IN ORDER TO BENEFIT BASIC UNDERSTANDING.**

Are you currently seeing a mental health therapist, psychiatrist or physician or have you seen one in the past? If so, please explain

Have you ever accessed any Persons with Developmental Disabilities (PDD) programing?
 Yes No

Do you have any current health concerns such as listed below? (please check those that apply)

- | | | |
|---------------------------|--------------------------------|---------------------------------|
| Arthritis/Pain problems | HIV or AIDS | Staph infections |
| Asthma/Breathing problems | Hypertension/ | Tuberculosis |
| Diabetes | High cholesterol | Sleeping issues/Snoring |
| Epilepsy/Seizures | Influenza, cold etc. | Trouble walking/Climbing stairs |
| Heart problems | Scabies/Mites/Lice | Cancer |
| Hearing/Sight problems | Sexually Transmitted Infection | OTHER |
| Hepatitis/Liver Disease | | |

If you have checked any of the above please explain:

Dietary/Allergy Issues: South Country Treatment Centre does not cater to special dietary needs.

Do you have any allergies to foods or medications? Yes No
If so, Please List

Legal Issues: Please document any of the following legal issues that apply to you. (Note: There are certain charges and conditions that could make you ineligible for our program).

- | | | |
|----------------------------|----------------------|---------------------|
| Out on bail | On Parole | Statutory Release |
| Conditional Sentence Order | Recognizance | Pending Court Dates |
| Probation | Outstanding Warrants | Child Welfare |

A list of charges and all probation/bail orders must be sent to SCTC prior to being given an intake date.

Please indicate the nature of the charges being dealt with:

If applicable please provide the name and contact information of your probation officer:

PART IV SUBSTANCE USE AND PROCESS ADDICTION HISTORY

LIST THE DRUG OF CONCERN (i.e. Alcohol, marijuana, cocaine)	Date of last use M/D/Y	TYPE OF GAMBLING (i.e. VLT's, slots, internet, lotteries, gaming, betting)	Date last gambled M/D/Y

Please indicate any withdrawal symptoms (seizures, psychosis, fatigue etc.) you are currently experiencing or have experienced in the past: (if seizures please also include the last time this happened and the frequency.)

PART V**FINANCIAL INFORMATION**

How will you be paying for your treatment? (please check the one that applies)

Certified cheque

Money Order

Bank Draft (all made out to South Country Treatment Centre)

3rd Party Payment Information:

Social Services (worker's name & phone #)

AISH (worker's name & phone #)

Employer: _____

Other Party Payment (party's name & phone #)

Authorized by _____

Phone Number _____

Fax Number _____

Our Program Fees are 28 days @ \$40/day which is \$1120.00 (residents of Alberta); 28 days @ \$80/day which is \$2240.00 (out-of-province residents).

NOTE: In the case of 3rd party payment for my treatment, I hereby authorize South Country Treatment Centre to release/obtain pertinent information related to my treatment to the above designated 3rd party.

NOTE: Financial arrangements to pay for program must be in place PRIOR to the client coming in.

By submitting this admission form, I acknowledge that all information provided is true and correct to the best of my knowledge. Failure to disclose complete and accurate information may result in the refusal of my application, or the termination of my involvement in programming at South Country Treatment Centre.

By submitting this admission form, I agree that I've read and understood the statements above as well as the attached consent to treatment form and checklist.

NOTE: I ALSO UNDERSTAND THAT I NEED TO CONFIRM MY BED 10 DAYS PRIOR TO MY ADMISSION DATE. IF I FAIL TO CONFIRM MY BED IT WILL BE CANCELLED.

I _____ agree to the above _____
 (Applicant Signature required) (Date)

If you prefer, you may print this form and fax it to us at (403) 328-5756

FOR OFFICE USE ONLY

Date Referral Received or Completed: _____

PROGRAM OF INTEREST:

Alcohol & Drug

Gambling

Program Booking Date: _____

Wants to be On Stand-by List: Yes No

Went over checklist for admission Yes

Confirmation of booking received: Yes No

Notes: _____

**** NOTE: ADMISSION CRITERIA - CLIENT MUST HAVE 5 FULL DAYS ABSTINENCE FROM ALCOHOL, DRUGS AND GAMBLING PRIOR TO ADMISSION. NO EXCEPTIONS. ALL CLIENTS WILL BE EXPECTED TO COMPLETE A URINE ANALYSIS TEST AND ALCOHOL SWAB UPON ARRIVAL FOR INTAKE.**

CLIENT CHECKLIST FOR SOUTH COUNTRY TREATMENT CENTRE

(TO BE READ AND SIGNED BY APPLICANT)

FAX THE SIGNED CHECKLIST BACK TO SCTC AND PROVIDE THE CLIENT WITH A COPY

5 days prior to admission I will not take any of the following: over the counter medications (i.e. Gravol, Robaxicet, Tylenol muscle & body), disallowed prescription medications (i.e. Librium, Valium, Ativan, Restoril, Imovane, Tylenol #3, Flexeril), power or herbal drinks, vitamins, diet supplements or flavoured coffee creamers. **I will also not bring any of the above mentioned items on my admission day.**

I am aware that there is a 5 day minimum of sober/clean/gambling free time expected prior to admission.

I am aware that I will be expected to give a urine sample upon arrival for a urine analysis test. If I test positive for any substances I am aware I will not be admitted. I am aware I may also be randomly tested throughout my stay at SCTC.

I will confirm my bed 10 days before my admission date and will call the Intake Coordinator every week to check in. I am aware that failure to do so will result in my treatment date being bumped or taken off the list completely.

I have made arrangements for funding for my treatment.

I have provided all legal paperwork that is required.

I am aware I will not be allowed to attend medical appointments or court dates while I am at SCTC. I have rescheduled all medical and legal appointments until after I have completed the 28 day program.

I have enough medication (**must be blister packed at the pharmacy**) to last while I am in the 28 day program.

I will bring my own unscented and alcohol free personal toiletries. (No perfumes, body sprays or colognes as we are a scent free facility)

I have clean, appropriate clothing and footwear for the weather, running shoes, some type of sleep wear, underwear and socks.

I have enough cigarettes to last until the Monday evening after my admission.

I will bring towels/face cloths, fabric sheet softeners and a calling card for the payphones.

I have made arrangements for any personal monies I may need during treatment (I will be responsible for my money which can be locked in my locker – SCTC will provide the lock).

I will not bring in any electronics (i.e. e-cigarettes, vapes, televisions, cameras, computers, pagers, clocks, radios, DVD players, CD players, iPods, MP3 players, musical instruments, video games, DVD's, CD's, etc.). **NOTE cell phones will be locked up upon admission**

I will not bring in any offensive or pornographic magazines, weapons (i.e. pocketknives, blades etc.), clothing promoting any type of alcohol, drug or gambling, bicycles, skateboards, reports, projects or papers related to my work or profession.

I am aware that my baggage will be searched upon my arrival at SCTC.

I am aware I am responsible for my return transportation on my discharge date.

I, _____, understand and will abide by the above Checklist for South Country Treatment Centre. I understand that providing incomplete and/or

inaccurate information may be cause for refusal of admission or if already in South Country Treatment Centre – termination from South Country Treatment Centre.

Client Signature: _____ Date: _____
Referral Worker Signature: _____ Date: _____
(if applicable)

SOUTH COUNTRY TREATMENT CENTRE

Client Consent To Treatment

Welcome to South Country Treatment Centre! We hope your stay with us over these next four weeks is informative and helpful, and provides you with the necessary “tools” for your recovery.

The “Consent To Treatment” form is an agreement which allows us to provide you with a treatment service, and for you to understand those key elements of this service.

I, _____ (print name) do hereby voluntarily consent to participate in the treatment program at South Country Treatment Centre.

I understand this treatment program encompasses the following areas:

- a) Group therapy sessions,
- b) Psycho-social educational presentations
- c) Written assignments
- d) Attending outside 12 Step Meetings
- e) Recreational activities (including morning walks)
- f) One-to-one counseling sessions

I understand South Country Treatment Centre is not a medical facility. Health and medical concerns and/or assessments are referred to outside programs and services. (i.e. hospitals, walk-in clinics).

I understand disclosures and observations made during the course of my treatment may be recorded and I will have a confidential record/file maintained by South Country Treatment Centre.

I understand statistical information involving name, gender, date of birth, and AHC Number may be disclosed to Alberta Health Services.

I have carefully read and understood all of the above information, I am fully aware of what I am signing and this information has been explained to me.

Client Signature: _____ Date: _____/_____/_____
(D) (M) (Y)

Staff Signature: _____ Date: _____/_____/_____
(D) (M) (Y)