Eagle Sky Healing Lodge

KIHÊW KÎSIK NANÂTAWIHOWIKAMIK

Intake Form

EAGLE SKY HEALING LODGE
PO Box 310
Broadview, SK S0G 0C2
detoxcentre@ytai.org
Phone: 306-696-1000 Fax: 306-696-1007

A. RELATIVE INFORMATION			
Date of Application:		**Desired date of move in to Healing Lodge:**	
Does Relative understand there is an expectation they have been alcohol and drug free for at least 24 hours prior to admission to residential treatment? Yes ☐ No ☐		**When was last use? Describe:**	
Surname:	**First Name**	**Nickname:**	
Date of Birth:	**Age:**	**Sex:**	**Health Card Number:**
Address:		**Telephone:**	**Email:**
Emergency Contact:	**Telephone:**	**Relationship:**	
Status Number	**Member First Nation:**	**Literacy:** **Yes ☐ No ☐ Needs Assistance ☐**	
Employment Status:	**Education:**	**Post Secondary:**	
Living Situation: Please Circle Applicable On Reserve Off Reserve Urban Rural Immediate Family Extended Family Lives Alone Homeless Shelter Common Law Friend Unknown			
Family/Relationships			
Marital Status: **Married ☐ Separated ☐ Divorced ☐ Single ☐ Common-Law ☐ Widowed ☐**			
Dependent Children? **Yes ☐ No ☐**		**If yes, is there adequate childcare?** **Yes ☐ No ☐ Not Applicable ☐**	
Is there children in care? **Yes ☐ No ☐ Not Applicable ☐**			
Child Protection Worker Name **Child and Family Agency:**		**Phone:**	**Email:**

Provide information on Relative's children or other dependents		
Name (s)	**Age**	**Relationship**
Family Supports:		
Family Strengths:		
Are you pregnant?: **Yes** ☐ **No** ☐ Due Date: Next UltraSound:	Pregnancy Info: Pregnancy Information: (Healthy pregnancy / complications/ gestational diabetes / high low blood sugar / Cesarean section booked):	
Legal Status:		
Has Relative been court ordered to attend treatment?	**Yes** ☐ **No** ☐	
Is Relative affiliated with street gangs?	**Yes** ☐ **No** ☐	
Legal System Involvement: Please Circle Criminal Court Family Court Drug Court Treatment Probation Charges Pending Court Referral Court Order Restorative Justice No Involvement Unknown		
Is Relative under any of the following legal conditions?	Bail Parole Temporary Absence Order	
Other (Please provide details, dates, etc.)		
Treatment History:		
Has Relative participated in a non-residential/community-based substance abuse program? **Yes** ☐ **No** ☐		

Has Relative participated in a non-residential/community-based mental health program? **Yes ☐ No ☐**			
Has Relative participated in a residential treatment program before? **Yes ☐ No ☐**			
If yes: please provide information on previous treatment experiences:			
Year:	**Treatment Centre**	**Type of Addiction**	**Completed:**
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
Reason for currently requesting treatment?			

Withdrawal Symptoms		
Symptom		**Describe:**
Blackouts	**Yes ☐ No ☐**	
Hallucinations	**Yes ☐ No ☐**	
Nausea/Vomiting	**Yes ☐ No ☐**	
Seizures	**Yes ☐ No ☐**	
Shakes	**Yes ☐ No ☐**	
Delirium Tremens (DT's)	**Yes ☐ No ☐**	
Ever experienced DT's	**Yes ☐ No ☐**	

Process/Behavioural Addictions: **Has Relative experienced problems with any of the following?**		
Process/Behavioural Addictions		**Describe:**
Gambling (slots/cards/keno/bingo)	**Yes ☐ No ☐**	
Eating (obesity/anorexia, bulimia etc.)	**Yes ☐ No ☐**	
Sex (promiscuity, etc.)	**Yes ☐ No ☐**	

Internet/Texting	**Yes** ☐ **No** ☐	
Other	**Yes** ☐ **No** ☐	
Mental Health Issues		
Provide the following information about the Relative's mental health status		
Mental Illness		**Describe:**
Been diagnosed with a mental illness	**Yes** ☐ **No** ☐	
Currently being treated?	**Yes** ☐ **No** ☐	
Currently on psychiatric medication?	**Yes** ☐ **No** ☐	
Taking medication consistently?	**Yes** ☐ **No** ☐	
Previous suicide attempts/ideation	**Yes** ☐ **No** ☐	If Yes, When?
Hospitalized for suicide attempts?	**Yes** ☐ **No** ☐	If yes When?
Currently suicidal?	**Yes** ☐ **No** ☐	
Name of psychiatrist/psychologist?		Would you like to have access to one? **Yes** ☐ **No** ☐
Other Issues/Needs		
Does Relative have cultural and or spiritual beliefs and practices we need to be aware of? **Yes** ☐ **No** ☐		Describe:
Does Relative have any literacy or learning needs or issues we need to be aware of? **Yes** ☐ **No** ☐		
Are there any other significant issues we need to be aware of? **Yes** ☐ **No** ☐		
Does relative understand there is an expectation of completion of a minimum of 4 counselling sessions prior to applying to residential treatment? **Yes** ☐ **No** ☐		

Application Checklist	
Confirmation of transportation to Detox Centre through referral	
Confirmation of Transportation back home	
Relative has been notified and understands the Non-Insured Health Benefits policy change whereby anytime during treatment and the Relative self terminates or the treatment centre terminates the Relative, and medical transportation benefits have been provided, the Relative will have to assume the costs of the next trip to access medically required health services and provide a confirmation of attendance to either the health centre transportation coordinator or Health Canada. **Yes** ☐ **No** ☐	
Relative Authorization	
I authorize the documentation of my information for this application process. I understand and agree to accept the treatment program as described by Eagle Sky Healing Lodge.	
Relative Signature	**Date:**
Referral Signature	**Date**

REFERRAL INFORMATION	
Has the Relative completed four pre-treatment appointments?	**Yes** ☐ **No** ☐ Dates:
Will you continue to see the relative once he/she has completed treatment?	
What other supports would be available to the relative in their community upon completion of treatment?	
Name/Resource	**Description of Support**
Please provide/attach a brief assessment summary, (Assessment Summaries completed within the past 3 months of this application including summarization of any assessment processes completed with the relative (SASSI, MAST, DAST, Etc.) Which support the application to treatment, and	

evaluate how addictions have affected the relative in all domains (family medical school, psychological, spiritual, emotional)
Relative's Stage of Readiness please circle **Pre-contemplation**-Not considering change, resistant to change **Contemplation-**unsure of whether or not to change chronic indecision **Determination**-Begin changing behavior **Action**-Begin changing behavior **Maintenance**-Behaviour change has persisted for 6 months or more
Please list any questions Relative may have during intake process:
What other areas might need to be addressed in treatment? (abandonment, residential schools, anger, grief, loss, parenting skills, sexual abuse, rejection financial, spirituality, wuicide, mental health, gambling and other addictions, etc.)

Referral Checklist

Please initial which applicable items have been completed. Check off any items attached to this application

Psychiatric evaluations	**Yes** ☐ **No** ☐
Probation order	**Yes** ☐ **No** ☐
Current Medical Assessment Form	**Yes** ☐ **No** ☐
Assessment Summary	**Yes** ☐ **No** ☐
Substance Abuse Profile	**Yes** ☐ **No** ☐
Confirmation of transportation to Eagle Sky Healing Lodge/Treatment	**Yes** ☐ **No** ☐
Confirmation of transportation back home after completion of treatment	**Yes** ☐ **No** ☐
All medical, dental, and optical appointments have been dealt with prior to treatment	**Yes** ☐ **No** ☐
All financial matters have been dealt with prior to treatment	**Yes** ☐ **No** ☐
All Legal matters have been dealt with prior to treatment	**Yes** ☐ **No** ☐
Referral Signature:	**Date**

RELATIVE MEDICATION FORM

- Relatives may take certain medications under the supervision of a qualified physician.
- **The following guidelines are set in place to ensure the safety of relatives and liability for EAGLE SKY HEALING LODGE.**
- Relatives may not take any mood-altering medications (e.g., opiate based pain medications, benzodiazepines, barbiturates, sedatives, hypnotics, sleeping pills, diet pills)
- In rare instances, a patient may have a medical procedure or pain that requires brief use of medications that are not on the client's 'Safe drug list'. Relatives, at that time, must submit to the Director, a document from a physician stating the necessity of the medication. The Director along with the supporting nurse must approve the use of this medication. Medications will be stored in a locked box.
- Relatives must inform staff of any prescriptions/medications they have when they are admitted to the EAGLE SKY HEALING LODGE. Failure to do so may result in disciplinary action and possible discharge. All medications must be bubble packed.
- Relatives may only take over the counter medications that are approved by physician and in any case those medications that are on the 'Safe drug list'.
- All medications are triple locked and will be administered by staff when required.
- Amphetamines and Benzodiazepines are not allowed at EAGLE SKY HEALING LODGE.
- All other concerns, matters and procedures are outlined in the Medications Guidelines.

1. Do you take any prescription medications: Yes_____ No _____
If yes, please list:

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____

2. Do you have any medical conditions or allergies: Yes _____ No _____
If yes, please explain: _____
_____

3. When did you attend your last AA or NA meeting: _____
How many meetings have you attended in the last 30 days: _____

4. Do you already have a sponsor or a Recovery Coach: Yes _____ No _____
If yes,: Name: _____ Phone: _____

5. Do you have any other recognized addictions or disorders (i.e., eating disorder, cutting):
Yes _____ No _____

If yes, please explain:

_____
_____
_____

6. How long have you been clean/Sober: Days? _____Weeks?_____Months? ___
7. What is the longest you have gone substance free: Hours?_____Days?_____ Weeks?_____Months?_____
8. How many previous recovery attempts/relapses have you had: _____
9. Are you receiving any harm reduction treatment? If so, which: _____
   _____
   _____
10. Are you interested in being on a harm reduction treatment program: _____
11. Have you ever lived in a home shared by other people: Yes _____ No _____
12. Do you anticipate any problems with this: Yes _____No _____

If yes, please explain:

_____
_____
_____
_____

13. What is your main goal at this time:

_____
_____
_____

14. Please list anything else you feel is relevant to this application:

_____
_____

I, _____

authorize the verification of the information provided on this form:

Signature: _____ Date: _____

Witness: _____ Date: _____

SUICIDE SCREENING TOOL

(Ideation/Planning/Behavior/History)

1. Are you having any feelings of hopelessness, helplessness, or depression?
   ☐ YES ☐ NO

Comments: _____

2. Have you had thoughts, urges, or behaviors related to harming yourself or others?
   ☐ YES ☐ NO

Comments: _____

3. Have you recently engaged in any reckless behavior related to harming yourself or others?
   ☐ YES ☐ NO

Comments: _____

4. Have you had thoughts that you'd rather not be alive?
   ☐ YES ☐ NO

Comments: _____

5. Are you thinking of suicide?
   ☐ YES ☐ NO

Comments: _____

6. Have you made any current plans?
   ☐ YES ☐ NO

Comments: _____

7. Do you have the means to act on your plan?
   ☐ YES ☐ NO

Comments: _____

8. Have you ever taken an overdose of an illicit substance or medication to end your pain? Was your intention to die?
   ☐ YES ☐ NO

Comments: _____

It is important to clarify responses that avoid direct answering of the question
If any questions from 2-7 answer "YES" a risk level assessment must be done

Date:_____ Signature/Title: _____

ALL RELATIVES MUST BE SCREENED FOR SUICIDAL THOUGHTS AND BEHAVIORS. THE HIERARCHY OF SCREENING QUESTIONS BELOW WILL GENTLY LEAD TO ASKING ABOUT SUICIDAL IDEATION. THESE QUESTIONS MAY HAVE TO BE ASKED IN A DIFFERENT MANNER WITH THOSE WITH COGNITIVE DEFICITS.

SUICIDE RISK ASSESSMENT GUIDE

'At Risk' Mental State -depressed -psychotic -hopelessness, despair -guilt, shame, anger, agitation -impulsivity	☐ **High Risk** e.g., severe depression; command hallucinations or delusions about dying; preoccupied with hopelessness, despair, feelings of worthlessness, intense anger, hostility	☐ **Medium Risk** e.g., moderate depression; some sadness; some symptoms of psychosis, some feelings of hopelessness; moderate anger, hostility	☐ **Low Risk** e.g., mild depression, sadness, no psychotic symptoms; feels hopeful about the future; absent or mild anger, hostility	☐ **NFR** e.g., no symptoms of depression; no psychotic symptoms; no impulsivity, positive outlook of current circumstances
Suicide Attempt or suicidal thoughts -intentionality -lethality -access to means -previous suicide attempt(s)	☐ **High Risk** e.g., continual/ specific thoughts; evidence of clear intention; an attempt with high lethality (ever); recent suicide attempt, expresses wishes to die, evidence of a plan, suicide note	☐ **Medium Risk** e.g., frequent thoughts; multiple attempts of low lethality; repeated threats; vague plan or an unrealistic plan	☐ **Low Risk** e.g., vague thoughts, no recent attempt or one recent attempt of low lethality and low intentionality; no plan identified	☐ **NFR** e.g., no suicidal thoughts; no history of suicide attempt(s)
Substance Use Disorder/Dependence -current misuse of alcohol and other drugs	☐ **High Risk** Current substance intoxication, abuse or dependence	☐ **Medium Risk** Risk of substance intoxication, abuse, or dependence	☐ **Low Risk** Infrequent use of substances	☐ **NFR** e.g., no current use of substances

Corroborative History -family, parent or guardian -medical records -other service providers/ sources	☐ **High Risk** e.g., unable to access or verify information, or there is a conflicting account of events to that of the person at risk; info supports suicidal intent	☐ **Medium Risk** e.g., access to some information; some doubts of plausibility of person's account of events	☐ **Low Risk** e.g., able to access information/ verify information and account of events of person at risk (logic, plausibility)	☐ **NFR** e.g., able to access information/ verify information and account of events
Strengths and Supports (coping & connectedness) -expressed communication -availability of supports -willingness/capacity of support person(s) -safety of person and others	☐ **High Risk** e.g., patient is refusing help; lack of supportive relationships; presence of hostile relationships; supports not available or unwilling/ unable to help	☐ **Medium Risk** e.g., patient is ambivalent; moderate connectedness; few relationships available but unwilling/ unable to help consistently	☐ **Low Risk** e.g., patient is accepting help, therapeutic alliance forming; highly connected/ good relationships and supports who are willing and able to help consistently; identifies reasons for living/hope	☐ **NFR** e.g., patient is accepting help; therapeutic alliance established; highly connected/ good relationships and support who are willing and able to help consistently
Reflective Practice -level & quality of engagement - changeability of risk level - assessment confidence in level of risk	☐ **High Risk** Low assessment confidence or high changeability or no rapport; poor engagement		☐ **Low Risk** High assessment confidence/ low changeability; Good rapport	☐ **NFR** High assessment confidence/ no changeability; Good rapport

NFR- NO FORESEEABLE RISK

☐ **No Foreseeable Risk:** Following comprehensive suicide risk assessment, there is no evidence of current risk to the person. No thoughts of depression or suicidal ideation, no history of attempts, has a good social support network.
Is this person's risk changeable? **Highly Changeable** YES☐ NO ☐
Are there factors that indicate a level of uncertainty in this risk assessment? E.g., poor engagement, gaps in information, or conflicting information **Low Assessment Confidence** YES ☐ NO ☐

Assessment Outcome and Reassessment Schedule

☐ **High Risk/ Low Assessment Confidence or High Changeability-** Consult Psychiatry on call
☐ **Medium Risk-** 15-minute observation
☐ **Low Risk-** 30-minute observation
☐ **No Foreseeable Risk:** following comprehensive suicide risk assessment, there is no evidence of current risk to the person. No thoughts of suicide or history of attempts, has a good social support network.

Clinician Comments: (indicate if notes on EMR)

Clinician Signature: _____ Date: _____

DATE & TIME					
Responding to treatment	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Able to establish therapeutic rapport with clinical caregivers	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Compliant with Treatment	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Are they still experiencing thoughts of suicide?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Are they still considering their suicide plan as an option?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Have their circumstances/ stressors changed?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Have their coping and problem-solving skills improved?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Do they have supports?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Can they identify reasons for living? Hopeful about the future?	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium Risk ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR
Low Assessment Confidence	☐ High Risk ☐ Low Risk	☐ High Risk ☐ Low Risk	☐ High Risk ☐ Low Risk	☐ High Risk ☐ Low Risk	☐ High Risk ☐ Low Risk
Overall ASSESSMENT	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR	☐ High Risk ☐ Medium ☐ Low Risk ☐ NFR