

LYNX Recovery House Referral/Initial Assessment Form



The applicant should complete pages one to seven of this form and have the referring person (*if applicable*) complete page eight.

Return **all pages by email** if you do not have access to email please call the phone number below for assistance.

Email: LYNX.Admissions@mcmansouth.ca

Phone: 403.952.6284

Please note: To be eligible for programming, all applicants must remain alcohol and drug free for a minimum of 5 days prior to admission.

Personal Information	Legal name: (<i>last, first, middle</i>)		Preferred name:	
	Other name: (<i>e.g. Maiden name or alias</i>)	Date of Birth:		Alberta Health Care Number:
	Gender Identity:	Male	Female	Agender
	Transgender Male	Questioning	Intersex	Two Spirit
	Transgender Female	Not Listed	Prefer not to say	
Marital Status: (<i>choose one</i>)	Single/Never married		Married/Common-Law	
	Widowed		Separated	
Contact Information	Mailing Address:	City:	Province:	Postal Code:
	Home Address: Same as above No fixed address Different than above (please complete)		Home Address:	
	City:	Province:	Postal Code:	
	Primary Phone:		Alternate Phone:	
	Emergency Contact Name:	Emergency Relation:	Emergency Phone:	
Referral	How did you hear about LYNX Recovery House?			
	Psychiatrist, Psychologist, Mental Health Worker McMan Mobile Addictions Outreach Worker Addiction Services Office or Facility Court/Parole Officer/Probation Officer/Lawyer Children Services Worker Employer /Employee Assistance Program Other: (<i>Please Specify</i>)		Physician Income Support/Social Service AISH	

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Please use the following sections to describe your addiction(s) in detail

Primary Substance	What do you use most often?	Date you last used this substance? (yyyy-Mon-dd)
	How long have you used this substance?	How long has this been a concern for you?
	Pattern of use (e.g. daily, binge)?	
Other Substance	Do you use another substance? If so, what substance? Yes No	Date you last used this substance? (yyyy-Mon-dd)
	How long have you used this substance?	How long has this been a concern for you?
	Pattern of use (e.g. daily, binge)?	
Other Substance	Do you use another substance? If so, what substance? Yes No	Date you last used this substance? (yyyy-Mon-dd)
	How long have you used this substance?	How long has this been a concern for you?
	Pattern of use (e.g. daily, binge)?	
Other Addictions	Do you have another addiction? If so, what addiction? Yes No	Date of last use/engagement? (yyyy-Mon-dd)
	How long have you had this addiction?	How long has this been a concern for you?
	Pattern of addiction (e.g. daily, binge)?	
Other	Do you use Tabaco or vaping products? Yes No	

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Please use the following sections to describe your treatment and recovery history

Treatment/Recovery	Have you previously attended a treatment or residential recovery facility? No Yes, please provide facility name				
	Reason for previous treatment?				
	Approximate date(s)?				
	How long did you remain substance free/refrain from participating in addictive behaviors after treatment?				
Other Treatment/Recovery	Have you previously attended a treatment or residential recovery facility? No Yes, please provide facility name				
	Reason for previous treatment?				
	Approximate date(s)?				
	How long did you remain substance free/refrain from participating in addictive behaviors after treatment?				
Other Treatment/Recovery	Have you previously attended a treatment or residential recovery facility? No Yes, please provide facility name				
	Reason for previous treatment?				
	Approximate date(s)?				
	How long did you remain substance free/refrain from participating in addictive behaviors after treatment?				
Support Group	Have you ever attended a support group? Yes No				
	Name of group?		Frequency?		
	Are you still currently attended? Yes No		Do you currently have a sponsor? Yes No		
OA	Are you currently receiving opioid agonist treatment? Suboxone Methadone Naltrexone Other N/A				

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Please use this section to tell us more about services you require

Detox	If you require medical detox, have you completed or scheduled treatment?	
	Yes	No
Detox	Name of facility?	Date of treatment?
Impact	What is currently happening, in your life, that causes you to want to attend residential recovery?	
Impact	What areas of your life do you feel have been impacted by your addiction(s)? (e.g. employment, health, family relationships)	
Contributing Factors	Please select up to three factors that have caused barriers in your life	
	None Acting out/Anti-Social Behavior Addictive behavior (excluding substance related) Impulse Control and Conduct Problems Neurodevelopmental Obsessive-Compulsive Other Mental Health Sexual and Gender Identity Substance Misuse Trauma and Stressor-Related Abuse/Violence Cognitive	Crisis Developmental Eating Emotional Legal Medical Mood Personality Relationship Self-Harm Sleep Social
Other	Other than addiction, what other concerns/skills would you like to address while in residential recovery?	
Accommodation	Do you require any accommodations to remove or accommodate a barrier to accessing services? (e.g. wheelchair accessibility, hearing difficulties, language) No Yes, Please explain	

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Please use the following sections to tell us about your medical details

Allergies	Do you have an allergies? (<i>medications, foods, environmental</i>)					
	No			Yes, List all allergies and common reactions		
	Allergy		Reaction			
Medications	Are you currently taking any medications?					
	No			Yes, list all medications including over the counter substances		
	Medication	Dose	Route	Frequency	Prescribed by	Phone number
Medical	Do you have any current medical concerns?					
				No	Yes, please explain	
	Are you currently pregnant?					
				No	Yes	
	Do you currently have a doctor, psychiatrist, phycologist or other medical professional?					
				No	Yes, please list	
	Medical Professional			Office/Practice		
Mental Health	Do you have any mental health concerns?					
				No	Yes, please explain	
	Have you ever had thoughts of suicide or self-harm?					
				No	Yes, please explain	

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Physician Diagnosed Condition	Has a physician diagnosed you with any of the following? <i>(select all that apply)</i>	
	Schizophrenia spectrum or other psychotic disorder Bipolar and related disorder Obsessive-Compulsive and related disorder Trauma- an stressor-related disorders Somatic symptom or related disorder Feeding or Eating disorder Disruptive, impulse-control, and conduct disorder Substance-related or addictive disorder Other condition that may be a focus of clinical attention Medication induced movement disorder or other Adverse effects of medication Other mental disorders	Neurodevelopmental disorder Depressive Disorder Anxiety Disorder Dissociative Disorder Elimination Disorder Sleep-wake Disorder Sexual Dysfunction Gender Dysphoria Neurocognitive Disorder Personality Disorder Paraphilic Disorder

Please use the following sections to tell us about your legal information

Legal Information	Have you ever been convicted of a criminal offence?		No	Yes, Please explain
	Do you have any pending legal charges or any upcoming court dates?		No	Yes, Please explain
	Are you currently incarcerated/in jail?		No	Yes, which institution
	Are you currently on probation, Temporary Absence or Parole?		No	Yes
	Name of Parole/Probation Officer?		Parole/Probation officer phone number?	
	Parole/Probation Officers Agency or Office?		Type of offence?	

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Please use the following sections to tell us about your financial situation

Income Source	What is your primary source of income? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Employment Alberta Works AISH Other </div> <div style="width: 45%;"> Employment Insurance On-Reserve Income Assistance No Income </div> </div>	
Medication Cost	If you are on medications, how will you be paying for them? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Private Insurance AISH Alberta Works Other provincially funded program Other </div> <div style="width: 45%;"> Self (<i>cash, check, credit etc.</i>) FNIHB </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"></div> <div style="border-top: 1px solid black; margin-top: 5px;"></div> <p>***Please ensure you have policy/plan information numbers available to support medication payment</p>	

Please read the below information carefully

<ul style="list-style-type: none"> • I understand in order to be admitted to residential treatment, I must remain alcohol and drug free for at least five days (<i>length of time may vary based on assessment</i>) prior to my admission date, and be well enough to participate in the program. If I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be referred to an appropriate detoxification setting before treatment. • I understand McMan Youth, Family and Community Services is not responsible for my transportation or any other personal costs I may incur (e.g. approved medications) while I am in treatment. I will bring and give to staff all medications I am taking. • I understand and agree to accept and attend all components of the treatment program as prescribed by the LYNX Recovery House, including all workshops, lectures, leisure and group counseling sessions. • I understand that if my medical or psychological condition changes before my scheduled admission date, I must notify LYNX Recovery House • I understand that I will be expected to submit to urine screenings and personal property searches as directed by the program 	
Signature	Date: (yyyy-Mon-dd)

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Self-referring, skip this section

Referral from agency or other person

The following sections are to be completed referring person only

Referring Persons Name:		Agency:	
Professional or Personal relationship to applicant: <div style="display: flex; justify-content: space-around; font-size: small;">Professional Personal</div>		Business Address:	
City:	Province:	Postal Code:	
Phone Number:		Fax Number:	
Applicants strength:			
How can the applicant be best supported in the recovery goals? (<i>e.g. cultural and/or spiritual beliefs, barriers to accessing services</i>)			
Describe any other significant issues we should be aware of:			

• **Remind applicant** that in order to be admitted to LYNX Recovery House that they must be well enough to participate in programming and remain **alcohol and drug free for at least five days prior.**