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: *403.504.9107*

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: *(last, first, middle)*		Preferred Name:	
Pronouns:	Ethnicity:	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: (*choose one*)
☐ Single/Never married ☐ Married/Common-Law
☐ Widowed ☐ Separated ☐ Divorced

Employment Status:
☐ Employed ☐ Unemployed ☐ Disability ☐ Student ☐ Retired

Contact Information

Home Address (if applicable):	City:	Province:	Postal Code:

☐ Homeless (staying at shelter) ☐ Detox: _____
☐ Homeless (sleeping rough) ☐ Staying with friends/family
☐ Renting ☐ Homeowner
☐ Treatment Centre:_____

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 ☐ Physician
☐ McMan Mobile Addictions Outreach Worker ☐ Income Support/Social Service
☐ Addiction Services Office or Facility ☐ AISH
☐ Court/Parole Officer/Probation Officer/Lawyer ☐ Children Services Worker
☐ Employer /Employee Assistance Program
☐ Other: (*Please Specify*)

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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 old were you when you started using this substance?	How long has this been a concern for you
	Pattern of use (e.g. daily, binge)?	

Other Substance	What other substance do you use? ☐N/A	Date you last used this substance? (*yyyy-Mon-dd*)
	How old were you when you started using this substance?	How long has this been a concern for you?
	Pattern of use (e.g. daily, binge)?	

Other Substance	What other substance do you use? ☐N/A	Date you last used this substance? (*yyyy-Mon-dd*)
	How old were you when you started using this substance?	How long has this been a concern for you?
	Pattern of use (e.g. daily, binge)?	

Other Addictions	Other addictions (*e.g. behavioral)* ☐N/A	Date of last use/engagement? (*yyyy-Mon-dd*)
	How old were you when this addiction started?	How long has this been a concern for you?
	Pattern of addiction (e.g. daily, binge)?	

Other	Do you use tobacco or vaping products? ☐Yes	☐No

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

Treatment/Recovery	Do you currently have applications submitted to attend residential treatment? ☐ Yes ☐ No
	Which residential treatment center(s) have you submitted an application to?
	Do you currently have a scheduled intake date at a residential treatment center? ☐ Yes ☐ No Treatment date:

Other Treatment/Recovery	Have you previously attended a treatment or residential recovery facility? ☐N/A
	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? ☐N/A
	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 attending? ☐ Yes ☐ No	Do you currently have a sponsor? ☐ Yes ☐ No

OA	Are you currently receiving opioid agonist treatment? ☐Suboxone ☐Subutex ☐Sublocade ☐Methadone ☐Naltrexone ☐Vivitrol ☐ Kadian ☐Other ☐ None

Path	Are you currently following any of the recovery paths below? ☐ 12 step ☐ Faith based ☐ LifeRing ☐ Medication Assisted(MAT) ☐ SMART ☐ Other

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

Detox

If you require medical detox do you currently have a scheduled intake date?

☐ Yes ☐ No ☐ N/A

Name of facility?	Date of treatment?

Impact

What is currently happening, in your life, that causes you to want to attend residential recovery?

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
- ☐ Social
- ☐ Trauma and Stressor-Related
- ☐ Abuse/Violence
- ☐ Cognitive
- ☐ Crisis
- ☐ Developmental
- ☐ Eating
- ☐ Emotional
- ☐ Legal
- ☐ Medical
- ☐ Mood
- ☐ Personality
- ☐ Relationship
- ☐ Self-Harm
- ☐ Sleep

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 any allergies? (*medications, foods, environmental*)

☐ 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 ☐ List attached

Medication	Dose	Route	Frequency	Prescribed by	Phone number

Medical

Do you have any current medical concerns? ☐ No ☐ Yes, please explain

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? (*select all that apply*)

- ☐ 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, please complete below

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? ☐ Employment ☐ Alberta Works ☐ AISH ☐ Other ☐ Employment Insurance ☐ On-Reserve Income Assistance ☐ No Income
Medication Cost	If you are on medications, how will you be paying for them? ☐ Private Insurance ☐ AISH ☐ Alberta Works ☐ Other provincially funded program _____ ☐ Other _____ ☐ Self (*cash, check, credit etc.*) ☐ FNIHB ***Please ensure you have policy/plan information numbers available to support medication payment

Please read the below information carefully

•I understand in order to be admitted to residential treatment, I **must** remain alcohol and drug free for at least five days *(length of time may vary based on assessment)* 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 a list of all medications I am taking.

•I understand that in order to remain on the wait list, I must maintain regular contact with the Admissions Coordinator by checking in at least once every 30 days.

•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

The following sections are to be completed referring person only

Referring Persons Name:		Agency:
Professional or Personal relationship to applicant:		Business Address:
City:	Province:	Postal Code:
Phone Number:		Fax Number:
Applicants strength:		
How can the applicant be best supported in the recovery goals? (*e.g. cultural and/or spiritual beliefs, barriers to accessing services)*		
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.**