









# LYNX Recovery House Referral/Initial Assessment Form



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

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



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

<b>Income Source</b>	What is your primary source of income? <input type="checkbox"/> Employment <input type="checkbox"/> Alberta Works <input type="checkbox"/> AISH <input type="checkbox"/> Other <input type="checkbox"/> Employment Insurance <input type="checkbox"/> On-Reserve Income Assistance <input type="checkbox"/> No Income
<b>Medication Cost</b>	If you are on medications, how will you be paying for them? <input type="checkbox"/> Private Insurance <input type="checkbox"/> AISH <input type="checkbox"/> Alberta Works <input type="checkbox"/> Other provincially funded program <input type="checkbox"/> Other _____ ***Please ensure you have policy/plan information numbers available to support medication payment

**Please read the below information carefully**

<ul style="list-style-type: none"> <li>• I understand in order to be admitted to residential treatment, I <b>must</b> 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• I understand that if my medical or psychological condition changes before my scheduled admission date, I must notify LYNX Recovery House</li> <li>• I understand that I will be expected to submit to urine screenings and personal property searches as directed by the program</li> </ul>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Signature</td> <td style="width: 50%; padding: 5px;">Date: (yyyy-Mon-dd )</td> </tr> </table>	Signature	Date: (yyyy-Mon-dd )
Signature	Date: (yyyy-Mon-dd )	

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**McMan**

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? <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.**