



PREFERRED NAME: _____
LENGTH OF STAY: ☐ 30 Days ☐ 60 days ☐ 90 Days*
PROGRAM: ☐ INDIVIDUAL ☐ COUPLES PROGRAM**
☐ DAY PROGRAM ☐ COUNSELLING

Revised: June 4, 2025

PART ONE – APPLICANT INFORMATION					
GIVEN NAMES (FIRST, MIDDLE)				PRONOUNS	
SURNAME (LEGAL)				BIRTH DATE (MM/DD/YY)	
SEX ASSIGNED AT BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> INTERSEX <input type="checkbox"/> PREFER NOT TO SAY	SELF IDENTIFIED GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> TWO-SPIRITED <input type="checkbox"/> OTHER		
PERSONAL HEALTH NUMBER			STATUS NUMBER		
TELEPHONE			EMAIL		
ADDRESS					
CITY		PROVINCE		POSTAL CODE	
MOTIVATION TO ATTEND TREATMENT	<input type="checkbox"/> SELF <input type="checkbox"/> FAMILY <input type="checkbox"/> CONDITION OF EMPLOYMENT <input type="checkbox"/> CONDITION OF GOVERNMENT ENTITY				
EMERGENCY CONTACT			TELEPHONE		
RELATIONSHIP TO APPLICANT			EMAIL		
PART TWO – PAYMENT & REFERRAL INFORMATION					
FUNDING	<input type="checkbox"/> PUBLICLY FUNDED* <input type="checkbox"/> BAND <input type="checkbox"/> NFNA <input type="checkbox"/> SELF <input type="checkbox"/> OTHER: _____				
PAYEE / REFERRAL NAME					
CONTACT NAME					
TELEPHONE			EMAIL		
MAILING ADDRESS					
CITY		PROVINCE		POSTAL CODE	

*Publicly funded beds are a mandatory 90 days length

** Couples program is not available for publicly funded beds



PART THREE – MEDICAL INFORMATION

MEDICAL INFORMATION – SUBSTANCES

IS THE APPLICANT EXPERIENCING ANY WITHDRAWAL SYMPTOMS FROM THEIR DETOX?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FROM WHAT SUBSTANCE(S)	
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MEDICAL INFORMATION - PHYSICAL

MEDICAL CONDITIONS			
ALLERGIES			
DIETARY RESTRICTIONS			
MEDICATION	DOSE	FREQUENCY	PRESCRIBED FOR

*Benzodiazepine, narcotic medications or safe supply medications (morphine, fentanyl patch etc.) are not permitted at Red Road Recovery. Kadian must be below 600 mg.

PART FOUR – LIVING STATUS

APPLICANT IS:	<input type="checkbox"/> LIVING ALONE <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> LIVING WITH SPOUSE & CHILDREN <input type="checkbox"/> LIVING WITH FRIENDS <input type="checkbox"/> LIVING WITH IMMEDIATE FAMILY <input type="checkbox"/> EXTENDED FAMILY		
NUMBER OF CHILDREN		AGES OF CHILDREN:	<input type="checkbox"/> 0 TO 4 <input type="checkbox"/> 5 TO 9 <input type="checkbox"/> 10 TO 13 <input type="checkbox"/> 14 TO 18 <input type="checkbox"/> OVER 18
HAS THE APPLICANT BEEN MANDATED TO TREATMENT BY MCFD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS A SOCIAL WORKER CURRENTLY INVOLVED WITH THE FAMILY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE ANY SUPERVISION ORDER IN PLACE BY MCFD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE APPLICANT HAVE ANY NO-CONTACT ORDERS WITH HIS/HER SPOUSE OR ANY OTHER PERSON?	<input type="checkbox"/> YES <input type="checkbox"/> NO



PART FIVE – LEGAL STATUS

NOT APPLICABLE <input type="checkbox"/>	IS THE APPLICANT MANDATED TO ATTEND THE ASSISTED LIVING RESIDENCE? AND / OR HAVE LEGAL ORDERS OR BAIL ORDERS IN PLACE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY THE TYPE OF LEGAL ORDER IN PLACE			
NAME OF BAIL OR PROBATION OFFICER		TELEPHONE	
EMAIL		CITY OF OFFICER	
THE APPLICANT UNDERSTANDS AND GIVES CONSENTS TO THEIR PROBATION OFFICER BEING CONTACTED	<input type="checkbox"/> YES	APPLICANT SIGNATURE FOR CONSENT TO CONTACT PROBATION OR BAIL OFFICER	
DOES THE APPLICANT HAVE ANY PREVIOUS LEGAL CHARGES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, TO PREVIOUS CHARGES PLEASE SPECIFY THE TYPE OF CHARGES			

PART SIX – ADDITIONAL SERVICES

The following are aftercare options if you wish to continue counselling after leaving Red Road Recovery:

- ☐ Aftercare Sessions (5) - \$1,000.00 plus tax
- ☐ Aftercare Sessions (10) - \$1,750.00 plus tax
- ☐ Aftercare Sessions (20) - \$3,000.00 plus tax

CONSENT TO ATTEND AND FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, (Please Print Applicant's Name) _____ consent to attend and participate at Red Road Recovery Assisted Living Residence and hereby give permission for the staff to contact the identified persons listed for release of information in regard to program information, contact and attendance verification.

I consent for the Red Road Recovery Staff to confer with those listed, if applicable, regarding my progress and clarifying any detail regarding my progress during treatment, aftercare planning and upon End of Residency.

This form is applicable for one year after the date signed unless revoked.

APPLICANT SIGNATURE		DATE (MM/DD/YYYY)	
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Full Name: _____ Date of Birth (YYYY-MM-DD): _____

Background:

- ☐ Indigenous
- ☐ First Nations
- ☐ Metis
- ☐ Inuit
- ☐ Urban Indigenous
- ☐ East Asian
- ☐ Black
- ☐ Hispanic or Latino
- ☐ Other Indigenous: _____
- ☐ Middle Eastern
- ☐ South Asian
- ☐ White (e.g. Caucasian)
- ☐ Other: _____

Do you have a partner who is also applying or currently attending any Red Road location? ☐ Yes ☐ No

If yes, what is their full name? _____

Do you have children in your care? ☐ Yes ☐ No

Do you require detox? ☐ Yes ☐ No

Have you recently started or completed detox? ☐ Yes ☐ No

Date completed or expected to completed: _____

Have you **recently** started or completed a bed-based treatment program?

- ☐ Yes, recently completed – Date completed: _____
- ☐ Yes Started (in process) – Date expected to complete: _____
- ☐ No

Have you **ever** been to a bed-based treatment centre? ☐ Yes ☐ No

If yes, - centre name: _____

If yes, - Date Completed: _____

Do you currently receive any of the following government assistance?

- ☐ Income Assistance
- ☐ Employment Insurance
- ☐ PWD (Persons with Disability)
- ☐ PPMB (Persons with Persistent Multiple Barrier Benefit)
- ☐ Pension
- ☐ Other: _____
- ☐ Not applicable

Do you have any current or prior involvement in the legal system? ☐ Yes ☐ No

Have you ever committed a violent offence? ☐ Yes ☐ No

Details: _____

Have you ever committed a sexual offence? ☐ Yes ☐ No

Details: _____

Do you have access to a birth certificate? ☐ Yes ☐ No ☐ Unsure

Do you have access to a SIN? ☐ Yes ☐ No ☐ Unsure

Do you have access to BC Identification? ☐ Yes ☐ No ☐ Unsure or Not Applicable

Do you have access to a bank account? ☐ Yes ☐ No ☐ Unsure

Do you currently have a home? ☐ Yes ☐ No

If unhoused, please select which best describes your living situation
(choose 1 only):

- ☐ Couch surfing
- ☐ Staying with family
- ☐ Staying with friends
- ☐ Shelter
- ☐ Street
- ☐ Incarcerated

Will you require assistance with housing supports while at our centre?

☐ Yes ☐ No

Highest level of education completed?

- ☐ Grade School (K-7)
- ☐ Some High School
- ☐ High School or GED
- ☐ Trade School
- ☐ Some College / University
- ☐ College / University Degree
- ☐ None of the Above

Please select which best describes your employment situation:

- ☐ Employed
- ☐ Unemployed
- ☐ Contract Worker
- ☐ Odd Jobs

If applicable, please provide the industry of employment: _____

Please indicate primary drug of choice (pick 1 only):

- ☐ Alcohol ☐ Cannabis ☐ Crack Cocaine ☐ Cocaine ☐ Heroin ☐ Fentanyl
☐ Benzos ☐ Crystal Meth ☐ Amphetamines ☐ Club drugs ☐ Hallucinogens
☐ Inhalants ☐ Opiates: Other ☐ Over the counter ☐ Other Rx meds

Other: _____

Please indicate secondary drug of choice (pick 1 only):

- ☐ Alcohol ☐ Cannabis ☐ Crack Cocaine ☐ Cocaine ☐ Heroin ☐ Fentanyl
☐ Benzos ☐ Crystal Meth ☐ Amphetamines ☐ Club drugs ☐ Hallucinogens
☐ Inhalants ☐ Opiates: Other ☐ Over the counter ☐ Other Rx meds

Other: _____

Are you currently on OAT/MAT Therapy: ☐ Yes ☐ No

If yes, what kind? _____

If yes please sign OAT Therapy Policy included after the pre-screening

Do you have any mobility issues? ☐ Yes ☐ No

(Mobility issues may include but not be limited to physical impairments which limit walking ability, lung problems like COPD or injuries. We require that individuals are physically capable of walking independently to various locations on the property and safely navigating stairs unaided.)

If yes, what are your limitations? _____

Have you received a mental health diagnosis?

- ☐ Chronic Pain Disorder
- ☐ Mood Disorder
 - ☐ Depression
 - ☐ Bipolar Disorder
- ☐ Anxiety or Panic Disorder
- ☐ Eating Disorder
- ☐ PTSD
- ☐ Emotional Trauma or Occupational Stress Injury
- ☐ ADD/ADHD
- ☐ Psychotic Episode or Disorder
- ☐ Personality Disorder
- ☐ Suicidal Ideation
- ☐ Schizophrenia
- ☐ Other: _____
- ☐ Not applicable

Do you have any of the following communicable diseases?

- ☐ HIV
- ☐ Hepatitis
- ☐ Hep C
- ☐ TB
- ☐ Other: _____
- ☐ Not Applicable

Disclaimer: The following questions are sensitive in nature. Should you wish to answer them with one of our counsellors rather than complete the remainder of the application, please indicate below:

☐ *Yes, please contact me to complete*

Have you experienced suicidal ideation/intent/plan? ☐ Yes ☐ No

If yes, explain: _____

Have you acted on or had ideation of self harm (ex: injury, poisoning, eating disorders, risky sexual behaviour)? ☐ Yes, acted on ☐ Ideation only ☐ No

Explain: _____

Do you have a history of harm/abuse from others? ☐ Yes ☐ No

Have you experienced any form of neglect, trauma or PTSD ☐ Yes ☐ No

If yes, explain: _____

If yes, are you aware of any triggers related to abuse or trauma?

Are you a child of a parent(s) who suffer or have suffered from substance use disorder or abuse? ☐ Yes ☐ No

Explain:

Do you have a risk of harm to others? ☐ Yes ☐ No

Is there a family history of psychiatric diagnosis? ☐ Yes ☐ No

Explain:



OAT MEDICATIONS POLICY

To be completed only if you are on OAT/MAT Therapy

Revised: June 4, 2025

Purpose:

This policy aims to clarify our position on those taking OAT medications while attending the Red Road Recovery Program.

Permitted Medications:

Red Road Recovery does not allow the following medications to be brought to our centres: Benzodiazepine, narcotic medications or safe supply medications (morphine, fentanyl patch etc.). OAT medications such as Methadone, Suboxone, and Sublocade are allowed provided the below program participation requirement as met. Kadian dosage must be below 600 mg.

Program Participation Requirements:

Although OAT medications are accepted, we do require residents to be stabilized on the medication and to actively participate in all programming.

If an individual is deemed to not be stable and cannot participate in programming, they will be asked to return to their room. After 3 consecutive instances where they are unable to participate, due to the affects of their medication, they will be asked to leave the program.

Participant Name: _____

OAT/MAT Therapy Name: _____

Current Dosage: _____

Acknowledgement of Policy: _____

This policy is common to all Red Road Recovery Ltd. residences

Welcome to Red Road Recovery. We look forward to starting this journey with you to a better way of life. During your stay, you will be involved in all aspects of your recovery. You will gain confidence and self-respect by taking accountability for the outcomes of your choices. One of the first steps to freedom is self-responsibility and accountability. This process is referred to as resident-focused supportive recovery. As you begin to live within the boundaries set out in the guidelines (which are safety oriented); you will have the opportunity to examine your feelings, old belief systems and fears around “authority” and operating within a structured environment.

ADMISSION CRITERIA

- Admission application submitted for approval.
- Red Road Recovery is co-ed.
- Drug test upon arrival (must be negative for alcohol and substances).
- Travel arrangements prepared for intake and end of residency. Resident agrees to absorb travel costs if they are mandatorily or voluntarily discharged.
- Resident is free of outside interferences for the duration of their program example online school.
- Resident is entering the supportive recovery residency voluntarily with a commitment to participating in all programming.
- Resident has read, understands, and agrees to follow all the Resident Guidelines.
- Resident agrees that if the rules and expectations, as deemed necessary by Red Road Recovery, are not followed the resident may be mandatorily discharged from the program.

RESIDENT RIGHTS

- Residents have the right to be treated with dignity and respect.
- Residents have the right to make their own decisions as capable adults.
- Residents have the right to protection and promotion of their health, safety, and well-being.
- Residents have the right to participate in the development of an implementation of plans that affect them personally.
- Residents have the right to services that are tailored specially for them on the basis of their unique capabilities, needs, and cultural or spiritual preferences.
- Residents have the right to be kept informed of planned events, changes in the residence and services.
- Residents have the right to fair process to express their concerns, make complaints or resolve disputes. *Please see the “Complaints Policy”.*

This policy is common to all Red Road Recovery Ltd. residences

RESIDENT GUIDELINES

These rules and expectations are non-negotiable, and violation of these rules may result in mandatory discharge. Prior to discharge, we will work with resident's approved supports to make sure they have a safe place to go and will provide them with a naloxone kit upon leaving.

The stabilization period will be for the first week which means:

- No phone access for 7 days
- No family visits for 7 days
- Buddy system for any outings, meetings, on and off grounds activities. (examples: gym, meetings, walks, etc.)

Behaviour

- Remain alcohol and drug free. (*with exception of prescribed medications*)
- Smoking & Vaping is only permitted in the designated smoking areas.
- Live among fellow residents cooperatively and respectfully.
- Remain appropriately dressed at all times. As we are an indigenous based program, we dress modestly, which means we do not see nipples, butts, thighs or belly buttons, nor do we advertise any drug or alcohol.
- Abstain from criminal behaviour of any kind.
- No sexual activity and/or romantic relationships.
- Abusive, and/or violent behaviour of any kind will not be tolerated (including but not limited to gossip, direct or indirect threats, verbal abuse, or physical abuse).

Participation

- To be on time and participate in all programming (including but not limited to group therapy, individual counselling, meals, meetings, activities, outings, clearing circle, yoga, sweat preparations, cultural activities and ceremonies, daily chores and mental and emotional components etc.)
- Discuss concerns with a Red Road Recovery counsellor or support worker if resident feels they are unable to participate in any of the programming.
- Please be aware we are a safe space for people working through trauma.
- Immediately report any thoughts of self harm and/or suicidal ideation to a counsellor or support worker.
- Immediately report abusive, and/or violent behaviour to a counsellor or support worker.
- In case of emergency notify staff immediately.
- Check assigned house chores daily.

This policy is common to all Red Road Recovery Ltd. residences

- Residents are to clean up after themselves and maintain a clean-living space.
- Respect the confidentiality and anonymity of fellow residents and staff members.
- Must be able to participate in the full extend of the program including but not limited to physical activities such as walking, hiking, climbing stairs etc.
- If you have a sweat dress for the sweat lodges (elbow/ankle length with no cleavage) please bring this as well.

Common Areas

- Lights out at 10:30pm (Sunday - Thursday) and 11pm (Friday & Saturday). No exceptions.
- Phone times are scheduled.
- Scheduled laundry times are posted at each washing machine and in each room.
- TV time is permitted during free time when there are no activities, meetings, chores or programming.
- It is the duty of the last resident leaving the common areas at night to tidy up.
- Personal toiletries are not to be left in communal areas or bathrooms.

Bedrooms

- Residents are responsible for the safety of their possessions during their stay at Red Road Recovery.
- Keep your room tidy and organized.
- Linens and towels are resident's responsibility to clean during their designated laundry day.
- Room checks will be conducted randomly. Red Road Recovery staff reserve the right to inspect bedrooms at any time. Bedroom checks include the entire room and all its contents.
- Food and drinks are not permitted in bedrooms with the exception of water in the provided bottle residents receive on intake. Some exceptions can be made if approved by staff.
- Clothes are to be put away in provided spaces. Dirty clothes to be put in the laundry hamper.
- Towels are to be hung up, not on the floor.
- Resident's beds are to be made every morning.
- Residents are not permitted to enter the bedrooms or cabins of other residents for any reason.

Medical & Related Issues

- All medications (prescribed, over the counter, vitamins or otherwise) are to be handed in to staff for safekeeping. (with exception of EpiPens or inhalers)

This policy is common to all Red Road Recovery Ltd. residences

- Residents are responsible to get their medications during scheduled medication times only. Staff will not continuously remind you or dispense medication during programming.
- Benzodiazepine, narcotic medications or safe supply medications (morphine, fentanyl patch etc.) are not permitted at Red Road Recovery. Kadian dosage must be less than 600 mg. OAT Policy must be acknowledged and signed by any resident on OAT medication.
- All pressing medical issues will need to be dealt with prior to attending.
- Medical and dental appointments will only be arranged in emergency situations.

Personal Effects

- All money, bank cards, credit cards and other instruments of payment are to be handed in upon intake.
- Identification, passports, wallets, money, and other important documentation will be kept in lockers throughout the duration of the residents stay for safekeeping. All other personal belongings are kept in the resident's room at their own risk.
- Medications, medical fees, doctors, dental, and any other expenses incurred must be paid for directly by the resident.
- Residents may not lend, borrow or exchange anything amongst themselves (including but not limited to money, cigarettes, mp3's, etc.)
- Incidental money may be required for coffee, cigarettes, personal toiletries, and other personal expenses. Sufficient money must be available for the resident to cover their personal expenses. Red Road Recovery or its staff will not cover bills nor provide cash loans / advances.
- Do not bring or purchase alcohol, drugs, drug paraphernalia, opened cigarettes, opened vape juice, weapons, sex toys, revealing or inappropriate clothing (that promotes violence, sex, gangs, drugs, or alcohol), bedding, stuffed animals, toiletries that contain alcohol (such as mouthwash, cologne, perfume, aftershave, etc.), aerosols, scented items, candles, incense, essential oils, lottery tickets, food, snacks, pop, energy drinks, electronics, recreational reading material, protein powder or workout supplements.
- Belongings left behind by resident after departure will be held for 4 weeks. The property / item must be collected or posted (resident's expense) within those 4 weeks, if not requested or collected the item / items will be donated to charity.
- Upon return from an outing, all bags will be subject to search and a urine test will be conducted.

This policy is common to all Red Road Recovery Ltd. residences

Electronics

- Electronics (including but not limited to cellphones, cameras, laptops, iPods or personal devices with internet or movie capability) are not permitted and will be locked up for the duration of your treatment stay.

Visitors

- Visitors must sign in upon entry and be pre-approved by the Executive Director, Program Director, Team Leader or Lead Counsellor (*Visitor and Communication Policy*)

Residence Information

Red Road Recovery Sorrento: 1650 Trans Canada Hwy, Sorrento BC V0E 2W0

Red Road Ranch: 1129 Creighton Valley Rd, Lumby BC V0E 2G1

Red Road Rise: 4891 Foothills Rd SW, Salmon Arm BC V1E 3C2

Red Road North: 20047 E 16 Highway, Terrace BC V8G 0A8

Consent

- I have been given information about Red Road Recovery, including the Assisted Living Services that will be received, the services that will be available and the circumstances in which I may leave. (*Please see End of Residency Plan*)
- I have been given the opportunity to ask questions about admission to Red Road Recovery and its benefits and risks.

I understand:

- The assisted living services available.
- I have the right to give or refuse consent to admission to Red Road Recovery.
- If I do not follow the Resident Guidelines, I may be mandatorily discharged from the Red Road Recovery with no refund. (*Please see End of Residency Plan*)

☐ I acknowledge and agree to all Red Road Recovery Guidelines

Signature

Print Name

Date Signed (MM/DD/YYYY)

What to Bring

BRING ENOUGH FOR THE DURATION OF YOUR STAY

Revised: June 4, 2025

Essentials:

- ☐ Honesty, Open-mindedness, and Willingness
- ☐ **1 month supply of Prescriptions (Non-expired, prescribed to you and in blister packs) with script sent to Lumby IDA/Munro's Sorrento/Shuswap Valley Pharmacy**
- ☐ Over-the-counter medication or vitamins in the original packaging that are **sealed/unopened**
- ☐ Government Issued Picture ID
- ☐ Health care number or card
- ☐ Health Insurance Information
- ☐ Credit/Debit/ or Incidental Money
- ☐ Comfortable casual clothing (**non-revealing**)
- ☐ Socks and underwear
- ☐ Jacket / hoodies, etc. (weather / season appropriate)
- ☐ Toiletries, hair dryer, bathrobe, your normal bathroom items.
- ☐ Footwear (hiking boots/shoes, sturdy walking shoes)
- ☐ Workout clothes & shoes
- ☐ Bathing suit (no bikinis or revealing swimsuits)
- ☐ Sunglasses

In the winter, late fall, early spring:

- ☐ Winter Jacket
- ☐ Winter hiking boots
- ☐ Warm moisture wicking socks
- ☐ Warm moisture wicking long underwear
- ☐ Hat & gloves/mittens
- ☐ Snow pants

In the summer, late spring, early fall:

- ☐ Shorts / Beachwear (Sandals)

Optional:

- ☐ Cigarettes
- ☐ Sealed/unopened vape juice
- ☐ Phone numbers of healthy supportive loved ones
- ☐ iPod/MP3 (NO internet or camera capabilities)
- ☐ Musical Instruments
- ☐ Art Supplies
- ☐ \$300 or less cash for incidentals
- ☐ Wristwatch (without wifi capabilities)

What NOT to Bring:

- ☐ Revealing clothing including sleeveless shirts, or clothing that promotes violence, gangs, drugs or alcohol
- ☐ Bedding such as blankets, pillows, or stuffed animals
- ☐ Recreational reading material
- ☐ Cell phones or cameras
- ☐ Lap top computers, iPod or portable devices with internet or movie capability.
- ☐ Mouthwash or toiletries that contain alcohol
- ☐ Cologne or perfume
- ☐ Weapons of any kind
- ☐ Lottery tickets
- ☐ Sex toys
- ☐ Foods, snacks, candies, soda pop or energy drinks
- ☐ Protein powder or workout supplements
- ☐ **A negative attitude**
- ☐ **BAGS ARE LIMITED TO ONE SUITCASE/DUFFLE BAG AND ONE CARRY-ON* (additional bags will be shipped at owners expense)**



Name: _____

Date of Birth: _____

Personal Health Number: _____

Last visit to detox: _____

Do you have any COVID Vaccinations? ☐ Yes ☐ No

If yes, how many? _____

Have you ever had a seizure? ☐ Yes ☐ No

If yes, was it during withdrawal? ☐ Yes ☐ No

Have you ever had hallucinations? ☐ Yes ☐ No

If yes, was it during withdrawal? ☐ Yes ☐ No

Are you allergic to anything? ☐ Yes ☐ No

If yes what? _____

If yes is it anaphylactic? ☐ Yes ☐ No

Are you on any medications? ☐ Yes ☐ No (if yes, list names below)

***Note: Benzodiazepine or narcotic medications are not permitted at Pheonix detox centre**

Do you have any medical or mental health conditions?

What is your primary drug of choice: _____

When did you last use: _____

Do you have sleep apnea (stops breathing while asleep)? ☐ Yes ☐ No

If Yes, do you use a CPAP Machine ☐ Yes ☐ No

Do you have any court dates or legal issues? ☐ Yes ☐ No

If yes, will that interfere with you going to detox ☐ Yes ☐ No

If yes, are your charges of a violent nature? ☐ Yes ☐ No

Does any of the following apply to you?

- ☐ Income Assistance
- ☐ Disability
- ☐ Employment Insurance
- ☐ Unemployed
- ☐ Retired

How will you get to detox: _____

*Note: The phoenix centre does not have parking to bring your own vehicle

Are you connected with any of the following:

☐ Counsellor

Name: _____

Company: _____

☐ Treatment Centre

Name: _____

☐ Recovery Meetings

Are you on any OAT Medications?

☐ Methadone

☐ Suboxone

☐ Sublocade

☐ Kadian

If yes, dosage: _____

If yes, doctor: _____

Clinic Name: _____

Phone: _____

Fax: _____

*Safe supply meds (Morphine, Fentanyl patch etc. will not be distributed at Pheonix detox centre)