



Calder Centre
 2003 Arlington Avenue
 Saskatoon, SK Canada S7J 2H6
 Tel: (306) 655-4500 Fax: (306) 655-4545
 (<http://www.saskatoonhealthregion.ca>)

Addictions Counsellor provides the following

ADULT ADMISSION INFORMATION GUIDE

- Community Addictions Counsellor and/or other community professional may submit a referral request for a client
- Saskatchewan residents, who have a current HSN, are eligible for service
- Requests for admission should contain a Provincial Mental Health and Addictions Primary Assessment form. (This can be found on the Calder website)
- For clients from the Saskatoon Health Region, please submit an internal referral through AMIS as well as submit the requested documentation. Please provide us with the client's AMIS #

Client provides the following

'WORKING IN PARTNERSHIP TO ASSIST INDIVIDUALS AND FAMILIES WITH RECOVERY FROM CHEMICAL DEPENDENCY'

PERSONAL INFORMATION SHEET (To be completed by applicant) DATE: _____

SURNAME: _____ GIVEN NAMES: _____ DOB: _____ AGE: _____
 MARITAL STATUS: S M WD D CL
 TREATY NUMBER: _____ BAND NAME: _____
 EDUCATION: _____ OCCUPATION: _____
 ARE YOU RECEIVING SOCIAL SERVICE BENEFITS: Y/N EMPLOYEE ASSISTANCE REFERRAL: Y/N
 WORKER'S NAME: _____ PHONE NUMBER: _____
 LEGAL ISSUES: Y/N PROBATION/PAROLE WORKER: _____ NUMBER: _____

TELL US ABOUT YOURSELF

HAVE YOU BEEN IN TREATMENT BEFORE? (WHEN/WHERE/HOW LONG?) _____

WHAT WAYS IS YOUR SUBSTANCE USE A PROBLEM FOR YOU? _____

WHAT ARE YOUR COMMUNITY SUPPORT SYSTEMS? (AA/NA/ACOA/GA/SPONSOR/CHURCH ETC) _____

WHAT ARE YOUR NEEDS AND EXPECTATIONS OF THE PROGRAM? IDENTIFY SPECIFIC GOALS:

ANY PAST OR CURRENT LEGAL HISTORY? (CHARGES/DATES) _____

TELL US ABOUT YOUR HEALTH: (MEDICAL CONDITIONS/ALLERGIES/MEDICATION)

MENTAL HEALTH HISTORY: (CONDITIONS/MEDICATION/PSYCHIATRIST)

PLEASE RETURN COMPLETED FORM TO YOUR COMMUNITY CASE MANAGER
ATTACH ADDITIONAL PAPER AS REQUIRED

Calder Centre Client Information Sheet

Arrangements have been made for you to attend Calder Centre, an inpatient treatment centre for adolescents, adults, and their families who need more specialized help than is readily available in their home community.

Spending Money:

Adult Program:

Your personal spending money is your responsibility. On average, \$40 a week will cover recreational, personal hygiene supplies, coffee money, and gas or bus fare to meetings or social outings. If you are on social assistance your CCM and local Social Services office will assist you in making arrangements to have your cheque re-routed for the duration of your stay.

Youth Program:

Youth clients are allowed access to \$20 spending money per week. Youth client money is deposited with a custodian at the Centre and is withdrawn twice per week on Monday and Thursday at \$10 per withdrawal.

Transportation:

Admission/discharge transportation is your responsibility. This includes cab fare to and from the bus depot (approx. \$20 one way) or airport (approx. \$30 one way).

Time of Arrival:

Your CCM will inform you of your admission date and time. It is important that **you arrive for that time**. If you run into unforeseen delays, please call us at 655-4500 and let our receptionist know what time you expect to arrive.

What to Bring:

Plan for Calder Centre to be your "home" for the time you are here. ADULT rooms are usually double occupancy while YOUTH rooms are single occupancy. Do feel free to bring comfortable things to make your room "yours" such as your pillow, comforter and photographs. Parking is available should you wish to bring your car. Calder Centre is a "scent-free" environment; please refrain from bringing cologne, perfume, air freshner, scented candles, etc.

This is a general list of things you will need during you stay:

- Your personal health card
- A four-week supply of **prescription** medication you may be on, over the counter medications are discouraged
- Casual, comfortable clothing
- Seasonal clothing as required for out of doors activities
- Running shoes
- Alarm clock/radio
- Swimsuit and towel
- Toiletries
- Musical instruments if you play and hobby/crafts you enjoy
- Books, if you enjoy reading
- **A covered mug (travel mug) to use while you are here.**
- Calder endorses a strict "scent free" environment.

All meals, laundry facilities, bedding and towels are provided.

YOUTH: Please bring \$5.00 to cover the cost of a covered mug (if you do not have one) and a treatment work binder.

ADULT: Please bring \$5.00 to cover the cost of a covered mug (if you do not have one).

Visitors:

Family members can call you or visit during your stay. Staff will help you arrange your visits around programming. It is your decision to have visitors, or receive phone calls. You will be asked to give written permission to let callers and visitors know you are here. The client list is always **confidential**.

Telephone calls and visitations with youth clients are arranged with case managers.



PHYSICAL
EXAMINATION

Name: _____
 PHN: _____
 DOB: _____

Return to: Return to:
 Calder Centre
 2003 Arlington Avenue
 Saskatoon, SK S7J 2H6
 Tel: (306) 655-4500
 Fax: (306) 655-4545

Vital Signs:

BP _____ HR _____ Resp _____ Ht _____ Wt _____
 Temp _____

| | Normal | Abnormal | Not Assessed | Specify Abnormalities |
|-------------------------------|--------|----------|--------------|-----------------------|
| Skin | | | | |
| Head | | | | |
| Eyes – General | | | | |
| Eyes – Fundoscopy | | | | |
| Ear & Nose | | | | |
| Mouth | | | | |
| Neck | | | | |
| Cardiovascular | | | | |
| Respiratory* (Thorax) | | | | |
| Abdomen | | | | |
| Lymph nodes | | | | |
| Extremities | | | | |
| CNS – Gait | | | | |
| Level of Consciousness | | | | |
| Cranial Nerves | | | | |
| Neuro – Reflexes | | | | |
| Motor & Sensory | | | | |
| Breast/Genital/Rectal | | | | |

Medications (include OTC drugs) _____

Allergy (describe reaction) _____

Past Medical History _____

Social History – Current Occupation _____ Smoking ___ Alcohol _____

Routine Pre-Admission Lab Work

| | |
|--|---|
| CBC | Diagnosis and Proposed Management _____ _____ _____ _____ |
| Lytes/BUN/CR | |
| F.B.S. (spot okay) | |
| Liver Function Test | |
| HBSAG/B/C | |
| Routine Urinalysis | |
| Forward Results to: Calder Centre 2003 Arlington Ave. Saskatoon, SK S7K 2H6 | Physician's Signature _____ Date _____ |



CALDER CENTRE - ADULT PROGRAM EXPECTATIONS

One to Client - One to your File

We are looking forward to you coming to Calder Centre. To help you achieve this goal we ask that you respect the following expectations during your stay:

- **Abstain from the use of all non-prescribed mood-altering substances. All medications must be prescribed by a physician (including over the counter & herbal medications), and turned in to Calder Centre staff. Usage of unauthorized substances may result in transfer to a Detox facility or your home community.**
- **Your prescription drug history will be reviewed via Prescription Information Plan information during the admission process.**
- **Smoking or use of any tobacco products or Vapor/E-Cigarettes is not permitted in Calder Centre, or on the property. Clients found in violation of this policy may be transferred. Smoking cessation programs are encouraged for all clients prior to admission. Nicotine Replacement Therapy (NRT) options, (Nicorette gum, Nicotine inhaler, or supported abstinence) will be discussed with you during your stay.**
- **You will be required to be on Calder Centre property during all non-programming times until a plan for community access is developed with your Calder Centre case manager.**
- **Supervised admission and random urine drug screens will be conducted throughout your stay.**
- **At admission, staff will conduct personal, luggage and, if applicable, vehicle searches. Staff will conduct searches of your room/belongings throughout your stay.**
- **Cell phones, laptops, I-Pads, I-pods, camera's, etc are not allowed while in the Calder Centre program.**
- **Avoid establishments whose primary purpose is the sale of alcoholic beverages, for example bars, lounges, and liquor stores; situations or persons where alcohol drug use, is likely to occur.**
- **Attend and participate in all scheduled Calder Centre programming, unless otherwise negotiated**
- **Respect yourself, others, and Calder property. Refrain from verbal, non-verbal or physical aggression toward Calder Centre clients or staff.**
- **Social contact with residents of the Calder Centre Youth Program is not permitted.**
- **All residents are to be in the Centre prior to scheduled lights out. Leaving the building following lights out may result in transfer.**
- **Calder staff will call you at a number you provide a few days before your scheduled admission date.**
- **Animal visitation dogs and therapy dogs may be present at Calder Centre, and interaction with them is optional.**

Clients must have all matters pertaining to medical insurance, disability, or related income claim forms completed and managed by a physician in the community prior to admission.

I, _____ (Print Name) have reviewed the Calder Centre expectations with my community addiction's counselor and agree to follow these expectations to the best of my ability. **By signing this document I am confirming my attendance on the date reflected on the admission notification fax.**

Client Signature _____ Date _____

Phone #'s Home: _____ Cell: _____ Other: _____

Addiction's Counselor Signature _____