

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

Spending Money:

Adult Program:

Your personal spending money is your responsibility. Personal and hygiene items are not supplied by Calder Centre.

Youth Program:

Youth clients are allowed access to \$20 spending money per week. Youth client money is kept safely by staff and withdrawn twice per week.

Transportation:

Admission/discharge transportation to Calder Centre is your responsibility.

Time of Arrival:

Your Community Case Manager (CCM) will inform you of your admission date and time. It is important that **you arrive as scheduled**. If you run into unforeseen delays, or need to reschedule your admission, please contact your community case manager for direction.

What to Bring:

Plan for Calder Centre to be your "home" for the time you are here. Feel free to bring comfortable things to make your room "yours" such as a pillow and photographs. Parking is available should you wish to bring your car, however you will not be able to use your vehicle throughout your stay. Calder Centre is a "scent-free" environment; please refrain from bringing cologne, perfume, air fresheners, 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, over the counter medications are discouraged
- Casual, comfortable clothing
- Seasonal clothing as required for outdoor activities
- Running shoes
- Alarm clock/radio
- 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.

Telephone Calls/Visitations:

Adult Program:

Adult clients have access to telephones on their unit. No calling cards are needed. Visitations are organized through the Calder Centre case managers.

Youth Program: Telephone calls and visitations for youth clients are arranged by Calder Centre case managers.

Calder Centre Attn: Admissions
 Saskatoon, SK.
 Tel: (306) 655-4500
 Fax: (306) 655-4545

Name: _____
PHN: _____
DOB: _____

Medical Exam

Vital Signs:

BP: _____ HR: _____ Resp: _____.

Assessed:	Yes	NO	If Yes, please elaborate:
Skin			
ENT			
Cardiovascular			
Respiratory			
GI			
Musculoskeletal			
Neuro			
Seizure Hx			
Diabetic*			If yes please see below for follow up information
Pregnancy**			If yes please see below for follow up information
Allergy			

Current Medications: _____

Mental Health (including but not limited to Diagnosis, Previous hospital admissions, Suicidality): _____

***If Diabetic, Please forward recent bloodwork**

****If Pregnant, Please forward prenatal record and prenatal bloodwork**

Form Completed by: _____
 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 during the admission process.**
- **Smoking or use of any tobacco products or Vapor/E-Cigarettes is not permitted inside the Calder Centre building. Clients found in violation of this policy may be transferred. There is a designated smoking area for client use. 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 remain on Calder Centre property at all times, unless under the supervision of calder centre staff.**
- **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, hand-held devices, or any other device with wifi or camera capabilities are not allowed while at Calder Centre.**
- **Avoid establishments whose primary purpose is the sale of alcoholic beverages, for example bars, lounges, and liquor stores; situations or persons where alcohol or drug use is likely to occur.**
- **Attend and participate in all scheduled Calder Centre programming, unless otherwise negotiated.**
- **Calder Centre is a healing environment. We strive to create an environment where everyone is treated with courtesy and respect. Abusive language or aggressive behavior impacts healing and may result in a shortened treatment stay.**
- **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 _____