



Addictions Counsellor provides the following

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

YOUTH ADMISSION INFORMATION GUIDE

Updated – July 2016

The following is to guide Community Case Managers (CCM's), and/or, in conjunction with other professionals in collecting helpful information for the client. Agencies unfamiliar with the Motivational Assessment Process (MAP) may contact this office.

CHEMICAL DEPENDENCY HISTORY:

- Use history: drug(s) of choice and experimentation, age of initial use, frequency/last use
- Previous detox and treatment history; need for current detox or stabilization
- Motivation for change/stage of recovery/stage of change

YOUTH:3

- Discharge/arrival plan
- If incarcerated what is the release date and specific plan for youth to return to the community if release date occurs while here
- Statement from staff at the facility as to youth's current level of functioning/stability

MENTAL HEALTH HISTORY:

- Diagnosis – include any psychiatric and psychological reports
- Psychiatric hospitalizations – dates and circumstance – any recent hospital discharge summaries
- Suicidal thoughts or attempts
- Abuse (emotional, sexual, physical) – Past/present? Therapy?

SOCIAL HISTORY:

Family/Primary relationships:

- Outline family dynamics
- Child-care arrangements

Employment/Financial Status:

- Main source of income
- Problems at work or school
- Gambling history

Education:

- School History – any issues/concerns
- Last grade completed
- Any limitations/reading/disabilities affecting comprehension

Spiritual/Cultural history:

- Identify specific needs

Community:

- Recreation – leisure interests

Legal:

- History of violence
- History of legal charges/copy of orders or undertakings
- Any court ordered psychiatric/psychological evaluations/pre-sentence reports
- Name of Youth Worker if applicable

GOALS:

- Please identify your assessment of the primary goals for treatment

CONFIRMATION OF ADMISSION WILL BE DONE ONCE ASSESSMENT AND MEDICAL INFORMATION ARE RECEIVED BY THE ADMISSIONS OFFICE felicia.bishara@saskatoonhealthregion.ca

- The Admissions Co-ordinator will contact the Community Case Manager/referral agent with a specific date and time for admission
- Please contact the Admissions Co-ordinator if a particular circumstance changes (306) 655-4502

For all SHR internal referrals, please provide us with the client's AMIS # and enrollment #. Paperwork should follow ASAP.



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Client provides the following

CONFIDENTIAL

'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: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____

GENDER: M F HEALTH NUMBER: _____ 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) _____

ANY FURTHER INFORMATION THAT YOU THINK WILL ASSIST US WORKING WITH YOU? _____

PLEASE RETURN COMPLETED FORM TO YOUR COMMUNITY CASE MANAAGER

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: Calder Centre
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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	Physician's Signature _____
2003 Arlington Ave.	
Saskatoon, SK S7K 2H6	Date _____