



**SANCTA MARIA HOUSE
PRE-ADMISSION INFORMATION**

Resident Name: _____ **Date / Time:** _____

Date of Birth: _____ Phone: _____ Health #: _____

SIN Number: _____ Address: _____

Contact Person in case of Emergency: _____

Address: _____

Relationship: _____ Phone: _____

What is your drug of choice? _____

When did you last use your drug of choice? _____

When did you last use any other drugs or alcohol? _____

What did you use? _____

Do you need Detox? Yes ___ No ___ Are You in Detox at the Present Time: ___ Yes ___ No

How many days did you use during the last month you were not in a facility? _____

Have you ever been to a treatment center before? ___ Yes ___ No

If Yes when, where and how long? _____

Describe your usual withdrawal symptoms _____



PRE-ADMISSION INFORMATION:

Do you or have you experienced seizures during withdrawal now or at any other time?

Yes ___ No ___ Explain: _____

Have you ever attempted suicide? Yes ___ No ___

When was the last incident? _____

Do you have suicidal thoughts? Yes ___ No ___ how often? _____

Have you been involved in prostitution? Yes ___ No ___ Length of time involved? _____

Have you ever been assaulted by your partner? Yes ___ No ___ When was the last incident?

Have you ever been charged or convicted of any crime (e.g. assault, breaking and entering, impaired driving, etc.)? Yes ___ No ___

If yes, when were you charged? _____ Total time served? _____

Please give details:

Do you have charges pending or outstanding court cases? ___ Yes ___ No:

If yes, please give Dates and Details: Dates _____

Details of Court Case _____

Lawyer's Name: _____ Phone # _____

Do you have supportive friends or family who do not use drugs? ___ Friends ___ Family

Do you have any psychiatric or medical conditions that need to be treated? ___ Yes ___ No

If Yes: Please Explain:



PRE-ADMISSION INFORMATION:

Do you currently have a reliable source of income or financial support? ___ Yes ___ No

If Yes what is it? _____

Sancta Maria House Program Cost: \$ 900.00 per month.

Income Assistance _____ Disability _____ Employment Insurance _____ Self Pay _____

Please Indicate Choice of Payment:

Are you taking any prescription medication? ___ Yes ___ No

Methadone not accepted long term however Sancta Maria House can provide medical supervision while transitioning from Methadone to Suboxone if client is willing.

Medication List:

Residents must have a **Pre-Admission Medical, TB test within the last 6 months or a chest X-ray.**

Residents must have a **severe addiction to drugs and/or alcohol which requires a residential facility.**

Residents must be female and at least 19 years of age or older.

Residents must be drug and alcohol free for five days; this includes any prescription drugs that are considered mood altering i.e. Tylenol 3's, Ativan, etc. Will consider Ativan taper

All residents must be physically, psychologically and emotionally capable of taking part in all aspects of the program including one-to-one and group counseling.

Residents must have no outstanding warrants or court dates that will conflict with their healing program.

Residents must plan on completing a minimum of 6 months treatment upon intake.

Residents must be open and willing to take part in the program and willing to explore their life, past issues, addiction, spirituality and recovery issues.

There will be a stabilization period for residents of Sancta Maria in which they cannot leave the property unless previously arranged and accompanied by a staff, a screened volunteer, or a senior resident.



PRE-ADMISSION MEDICAL EVALUATION

To be completed by a Physician

Date: _____ Phone No.: _____

Client's Name: _____

CLIENT INFORMATION RELEASE:

To be signed by applicant

I hereby permit Sancta Maria House to release medical information to my physician.

Client's Signature

Date

PHYSICIANS PLEASE NOTE

Clients can not participate in the Sancta Maria House program if they are under the influence of mood altering drugs.

The above client is to be medically assessed as a potential participant in our residential healing program. Our program is designed to interrupt the destructive cycle of addiction to drugs and alcohol that has negatively affected the lives of our client population. Our clients must be physically, emotionally, and mentally capable of participating in a program of intense one-to-one and group counseling. To assist Sancta Maria House in assessing this client's suitability for treatment, please give detailed information to the following.

Name of Physician: _____

Telephone Number: _____



PRE-ADMISSION MEDICAL EVALUATION

Fax Number: _____

Mailing Address: _____

Client Information:

Height: _____ cm Weight: _____ kg

Date of last Chest X-Ray and/or Mantoux Test and Results (if over one year, please refer for TB Test or Chest X-Ray): _____

Allergies: _____

Significant Current Medical Conditions: _____

Psychiatric Conditions and History:

History of Suicidal Ideation, Attempts, Slashing:

Psychosis: _____

Current Medications:

(Include OTC and PRN meds)

Date Prescribed:

Prescribed By:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



PRE-ADMISSION MEDICAL EVALUATION

Has there been any change in medication in the last 30 days? Please give details: _____

If you are aware of any special problems, physical or psychological, that should be taken into consideration while this client is in Sancta Maria, please indicate and give details (i.e. extreme anxiety, suicidal tendencies, depression, etc.).

Do you consider the client physically and psychologically fit/able to attend the Sancta Maria Program?

Physician's Signature

Date



PRE-ADMISSION MEDICAL EVALUATION

Client must be clean and sober and free from these medications for 5 days before admission. Withdrawal from these drugs should be done in the safest possible manner for your patient. Please call Sancta Maria @ (604) 731-5550 if you require further information.

MEDICATION NOT ALLOWED

Prescribed and "over the counter" (OTC) medications which Residents may NOT use when attending Sancta Maria House include Benzodiazepine type medications and all medication medications with codeine:

Residents must have stopped taking these medications at least five days before coming to Sancta Maria House.

<u>Generic Name</u>	<u>Brand Name</u>	<u>Generic Name</u>	<u>Brand Name</u>
Aprazolam	Xanax	Estazolam	Prozom
Bromazepam		Flurazepam	Dalmane
Chlordiazepoxide	Librium	Lorazepam	Ativan
Clonazepam	Rivotril/Klonopin	Oxazepam	Serax
Clorazepate	Tranxene	Temazepam	Restoril
Diazepam	Valium	Triazolam	Halcion

Opiates/Narcotics

Methadone

ASA with Codeine - 222, 223, 224

Tylenol (Acetaminophen) #1, #2

Any cough syrup with Codeine or Dextromethorphan

Prescribed:

Generic Name

Tylenol #3, and #4

Percodan

Percocet

Diphenoxylate

Hydromorphone

Meperidine

Propoxyphene

Fentanyl transdermal

Morphine sulfate

*Tramadol

Ultram*relatively new

*Tramacet

Brand Name

Lomotil

Dilaudid

Demerol

Darvon

Duragesic

Kadian Levophanol Levo-dramoran



PRE-ADMISSION MEDICAL EVALUATION

Other over the counter: (containing pseudoephedrine)

Generic Name

Dimehydrinate
Diphenhydramine
Sudafed

Brand Name

Gravol
Benadryl

Nytol
Sleepze
Sominex
Contact C
Neo-Citrin
Diphenoxylate
Hydromorphone
Meperidine

Lomotil
Dilaudid
Demerol

Barbituates

Fioricet acetamenophen/butalbital/caffeine
Fioricet with codeine
Fiorinal aspirin/butalbital
Fiorinal C (1/4, 1/2) aspirin/butalbital/codeine
Fiormal aspirin/butalbital/caffeine

Secobarbital
Tuinal
Nembutal
Phenobarbital

Seconal,

Other Sedatives

Chloral Hydrate
Meprobamate

Miltown

Benzodiazepine - like ("Z" - drugs)

Imovane
Rhovane
Ambien 0r Ambien CR
Eszopiclone
Starnoc

Zopiclone
Zolpidem
Lunesta