



# RESIDENTIAL TREATMENT PROGRAM

## Part I – Application for Admission

Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Office Use Only

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

File #: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

In order to assist with your admission in a timely matter please complete our pre-admission package. This information will help us in determining whether Thorpe Recovery Centre can meet your needs for addiction recovery.

**Failure to comply with the following rules and regulations or accurate completion of this package may result in delayed or cancelled admission.**

Enclosed You Will Find:

**Conditions of Admission**

**Pg. 2**

An overview of what you can expect at Thorpe Recovery Centre so you may make an informed decision whether we are the right fit for you. Further information can be found within our Client and Family Handbook on our website.

**Contract of Services**

**Pg. 5**

An agreement of what to expect and what we expect from you.

**Applicant Information**

**Pg. 10**

To be completed by the applicant and/or the referral source.

**Pre-Admission Collection & Release of Information**

**Pg. 17**

Authorizing those who assist in your mental and physical well-being to communicate with Thorpe Recovery Centre regarding your treatment.

**Packing Checklist**

**Pg. 18**

A listing of what you need to bring for your stay at Thorpe Recovery Centre. There is also a list of items that will not be permitted into the building.

**Information for the Client’s Support Network**

**Pg.19**

Information for family members, friends, and/or employers to understand your experience at the Centre. We also provide some insight on how to support you in recovery.

**To be completed by a physician (available on website)**

**Pre-Admission Medical Assessment**

so that The Thorpe Recovery Centre medical team may access any medical and psychiatric needs necessary for providing effective care.

**Restricted Medications**

For your health and safety, we only permit certain medications in the facility. Discuss this list with your physician prior to your admission.

**Submit this completed application to [admissions@thorperecoverycentre.org](mailto:admissions@thorperecoverycentre.org)**

## Conditions of Admission

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The following information is set out to ensure the efficient processing of applications of those who wish to seek treatment at the Thorpe Recovery Centre. Failure to adhere to agency rules and policies will result in termination of treatment.

### A. CONFIRMATION OF TREATMENT

1. Once your application is accepted, we will contact you with a treatment start date.
2. Admissions can be contacted toll-free at 1.877.875.8890

### B. FEES FOR TREATMENT

1. Thorpe Recovery Centre is funded by Alberta Health Services (AHS), Saskatchewan Health Authority (SHA), and private entities.
  - i. AHS: Treatment fees for Medically Supported Detox and Residential Treatment are covered by AHS.
2. SHA: Treatment fees for Medically Supported Detox are covered by SHA.
3. Private: Please speak with admissions regarding fees and payment options.

C. Payment for any fees is due upon admission and can be paid by cash, debit, certified cheque, money order, e-transfer, VISA or MasterCard. All fees are non-refundable.

### D. TRANSPORTATION

1. Clients are responsible to arrange and pay for their transportation to and from the Thorpe Recovery Centre. Taxi service is available to/from the Lloydminster Airport or the City Centre to the facility in Blackfoot.
2. There is ample parking on site, but vehicle keys will be stored with other restricted items until discharge during regular business hours.

### E. PROGRAMMING SCHEDULE

1. Programming runs 7 days a week. Clients are required to attend all mandatory programming which will be indicated on the schedule upon arrival.

### F. ABSTINENCE PRIOR TO TREATMENT & DRUG SCREENING

1. Medically Supported Detox: No sobriety required; 24 hours preferred.
2. Residential Treatment: A minimum of 7 days without gambling, using alcohol or drugs, including restricted medications is required. Clients must pass a drug and alcohol screening at time of admission; a positive test will require completion of detoxification before transitioning into the 42+ day program. Should detox be necessary at time of arrival for Residential Treatment, a detox bed at Thorpe Recovery Centre may not be available and alternate accommodations will be required by the client.
3. We recommend speaking with your doctor regarding your plan to stop using drugs and/or alcohol as you may experience withdrawal symptoms.

### G. ABSTINENCE DURING TREATMENT

1. All clients attending programming must refrain from gambling, using drugs and/or alcohol during treatment.

2. Use of restricted activities or substances (including medications) will result in immediate discharge from programming. You will be tested upon admission and periodically during your treatment as determined at the discretion of the organization. Testing may include breathalyzer and/or urine specimen testing.

#### **G. APPOINTMENTS & DAY PASSES**

1. Legal, medical, and self-care appointments are to be made outside of the treatment period.
2. Other than for scheduled recreational activities under the supervision of a Thorpe Recovery Centre team member, leaving the premises is considered refusing treatment (walking from program.)
3. Day passes or absences are not permitted during treatment.

#### **H. MEDICATIONS & SUPPLEMENTS**

1. All medications, including vitamins and supplements, must be approved prior to admission by completing the pre-admission medical and submitted with the admission package. Medications must be in pharmacy blister-packs (preferred) or original packaging, with original labels, and must match your pre-admission medical.
2. A list of restricted medications and other substances is enclosed. If any restricted medications or substances are brought onsite, it will be disposed of and not returned to the client.

#### **I. ALLERGIES**

1. Nuts, soy, eggs, wheat, and other allergens are used on site. Please advise admissions if you have any environmental or food allergies. We will do our best to accommodate; however, cross contamination may occur.
2. Thorpe may not be able to accommodate those with life-threatening allergies.

#### **J. TOBACCO & SCENT-FREE FACILITY**

1. Smoking is permitted in a designated area outside during set times. Failure to comply with these regulations may result in discharge from programming.
2. E-cigarettes (vaping) are not permitted to be used inside the building and are used during designated smoke breaks only.
3. Chewing tobacco is not permitted.
4. All tobacco products including vapor juice for e-cigarettes must not be open; bring enough sealed packages or containers of cigarettes or e-liquid containers for your entire stay or make arrangements for products to be dropped off.
5. Staff cannot purchase cigarettes or any other tobacco product for clients. Assistance is available if you wish to quit smoking during your treatment. Not all tobacco products are permitted on site. See the enclosed for more information.
6. Perfumes, colognes, and other scented products are not permitted.

#### **K. MOBILITY**

1. The majority of the facility is level, with exception to some optional client areas that require 4-5 steps.
2. There are accessible rooms for those with mobility devices or needs.
3. Clients are required to perform light chores during programming and will be assigned with the client's mobility in mind.
4. Clients are required to participate in recreational activities to the best of their ability. Injuries, mobility and any other limitations will be considered and alternative activities may be accommodated in coordination with the medical team.

## **L. TEAM COMMUNICATION**

1. Thorpe upholds confidentiality and privacy regulations. Client information in the course of treatment planning and service delivery will be discussed and shared by the staff at Thorpe Recovery Centre.

## **M. VISITATION**

1. Visitation is not permitted for those in Medically Supported Detox.
2. Residential Treatment clients who have been in programming for at least 2 weeks may be permitted visitors. All visitors must be approved by the client's counsellor no later than the Thursday prior to the visitation day. Visitations occur each Sunday from 1pm to 4pm in open community areas at the Centre. Visitors cannot smoke with clients or access closed rooms.
3. Additional visitor guidelines can be found in the Client & Family Handbook.

## **N. DRESS CODE & FOOTWEAR**

1. Firm-soled shoes are to be worn at all times. This ensures the safety of clients in the event of an emergency or disaster.
2. A dress code is enclosed to ensure the health and safety of all. Pajamas or loungewear are only permitted within dorm rooms for sleeping.
3. Visitors are required to abide by the dress code as communicated in the Client & Family Handbook. Failure to comply will result in refusal of entry into facility.

## **O. PHONE ACCESS**

1. Phone messages will not be accepted.
2. Each Residential Treatment client is permitted two 15-minute personal calls per week. A long-distance phone card is required for all personal calls.
  - i. Clients who are participating in Medically Supported Detox or Transition, regardless if they are going into Residential Treatment afterwards, are not granted personal calls until they begin the 42+ day program.
3. Calls regarding urgent financial, legal, or other business matters may be accommodated by the client's counsellor.

## **P. MOBILE PHONES & ELECTRONICS**

1. Any electronics, including mobile phones, tablets, laptops, smart watches, and audio devices will be itemized and stored in safe keeping until discharge from treatment during regular business hours.
2. Alarm clocks (without radio) are permitted.

## **Q. RESTRICTED ITEM SAFE KEEPING & LOCKERS**

1. A thorough search of all belongings, baggage, and a personal pat-down will occur at time of admission.
2. Luggage and any restricted items will be stored for the entirety of treatment.
3. Non-illicit or harmless items will be returned to the client at time of scheduled discharge during regular business hours.
4. Illicit or harmful items will not be returned to the client.
5. A locker will be provided for the safekeeping of cash, cigarettes, and any other items the client may access during treatment.
6. Thorpe Recovery Centre is not responsible for lost or stolen jewellery, money, or other items.

## Contract of Services

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### A. SERVICE PHILOSOPHY

1. Our services are abstinence-based; however, may be administered to assist with withdrawal symptom mitigation including opioid agonist therapy (OAT).
2. Treatment is focussed on the therapeutic community model featuring self-help principles, group counselling, cognitive behavioural therapy, and case management.
3. We understand that as individuals our treatment pathways will differ and we strive to ensure each treatment plan is executed in a safe and supported manner for each person.
4. TRC's mission, vision, and values form the core of our medically supported detox program as well as our residential programming which is delivered in a community model with a focus on group therapy and follows 12-step based programming.
  - i. Our Mission: A leading organization that provides strength, hope and healing to those affected by addictions and related mental health challenges
  - ii. Our Vision: Within a recovery community we help build a pathway where individuals and families can achieve wellbeing and happiness
  - iii. Our Values are: Integrity, Accountability, Innovation, Passion, Diversity

### B. QUALIFICATIONS OF THORPE RECOVERY CENTRE

1. Accredited with Accreditation Canada.
2. A licensed Residential Addiction Treatment Centre under the Mental Health and Addiction Services Protection Act of Alberta (MHSPA).
3. A non-profit society incorporated in the provinces of Alberta and Saskatchewan under the name Walter A. "Slim" Thorpe Recovery Centre Society.
4. A registered charity with the Canada Revenue Agency (108189093 RR0001).
5. Directors, program managers, community managers, nurses and counsellors have at minimum a bachelor's degree in the helping profession and/or related professional experience and training.
6. Clinical team members are registered with their appropriate Professional Colleges.
7. Additional community supports may be employed for referral and optional onsite services.

### C. ASSESSMENT FOR TREATMENT

1. Assessing one's fitness for treatment is based on the submitted application form, medical form, and assessment interviews.
2. Should the services at Thorpe Recovery Centre not be in the best interest of the client, alternative services will be discussed.

### D. DESCRIPTION OF SERVICES

1. Confirmation of services rendered will be reflected in the Fee Schedule.
2. Medically Supported Detox: A 7+ day program that provides withdrawal mitigation strategies to assist in the detoxification of drugs and/or alcohol. Should the applicant require detox at time of arrival for Residential Program, the treatment plan will be adjusted accordingly. Participation in sessions and assignments is required, once the client is physically able.
3. Residential Addiction Treatment: A 42+ day program that involves individual treatment planning and group activity to provide a holistic approach to recovery. A 4-day assessment and transition period for treatment planning purposes is in addition to the 42 days.
4. Recovery Management: a three-month program offered to Alumni of the Residential Addiction Treatment program. A further commitment of six or more months is recommended. This program is a

commitment of weekly peer-led virtual support groups; those in urban centres may be referred to a partnering agency for programming.

5. Clients are expected to participate in process groups and complete assignments within their treatment plan. Additional activities such as recreation, community meetings, educational lectures and chores are also mandatory. Failure to attend or participate may result in termination of therapeutic relationship with the centre.

## E. BENEFITS AND RISKS

1. Choosing to seek treatment is a positive step towards living a life in recovery. After programming, individuals should have a better understanding of their actions and their needs and will have a plan to progress.
2. Although there are significant benefits to treatment, individuals may experience uncomfortable thoughts, feelings or triggers, or troubling memories during the process. The Thorpe community will support each individual through these difficult experiences as best as possible.

## F. AMENITIES

1. Thorpe Recovery Centre is located on an acreage outside the hamlet of Blackfoot, AB.
2. The facility has a surveillance camera system and staffing 24/7 to ensure safety and security.
3. A fitness centre, gymnasium and outdoor spaces are accessible during specified times.
4. Recreational activities are incorporated into the mandatory treatment program and may include yoga, crafts, music, or sports.
5. Laundry facilities are on-site. Detergent and fabric softener is available for purchase.
6. Telephone access is limited; a calling card is required. There is no internet access or use of internet-capable devices.
7. A canteen is on site for sundry items: recovery books, sobriety coins, craft supplies, confectionary, toiletries, and clothing.

## G. ACCOMMODATION

1. All accommodations are shared:
  - i. Detox: Up to 3 individuals per room with a shared bathroom with tub and/or shower.
  - ii. Residential Addiction Treatment: 2 individuals per room with a shared bathroom with tub and/or shower.
  - iii. Accessible rooms are available for those with mobility devices.
2. All linens including towels are provided.
3. Clients are required to wash their own linens at least weekly.
4. Clients are required to clean their dorms and washrooms; dorm inspections are performed daily to ensure tidiness.
5. Clients are required to perform light-duty chores that contribute to the greater wellness of the community.

## H. MEALS

1. Three meals are provided daily with access to healthy snacks throughout the day.
2. Clients may not bring in their own food or snacks, nor can they be dropped off during visitation. A confectionary is available during weekdays in the Canteen.
3. Food cannot be stored in dorms. Food and drinks may only be consumed within the dining room.
4. Clients must notify admissions of any allergies. *Nuts and other allergens are used on site; therefore, cross contamination may occur.*

## **I. FEES**

1. Clients are responsible to coordinate payment of fees.
2. Fees are due on day of admission unless otherwise arranged.
3. Thorpe Recovery Centre will assist where possible to aid in the fee procurement process, where appropriate.
4. Clients are responsible for sundry items such as long-distance phone cards, toiletries, transportation, and incidentals.
5. Fees are payable by e-transfer, cheque, cash, debit, MasterCard or Visa.

## **J. REFUNDS**

1. Incomplete Programming: It is the understanding of both the undersigned and the Thorpe Recovery Centre that the client intends to complete the program(s) prescribed. However, there are circumstances that may result in an early discharge or incomplete services from the Thorpe Recovery Centre including:
  - i. Medical Discharge: The client's health and/or well-being significantly changes and is beyond the scope of practice of the staff of Thorpe Recovery Centre and the client is transferred to a medical facility or medical professional.
  - ii. Walk or Policy Discharge: The client, on their own will, has decided to terminate the therapeutic relationship with Thorpe Recovery Centre, resulting in discharge from the facility. These actions include unauthorized departure of the premises, the refusal of services, lack of participation, breaking facility rules, and infringement of contracts.
2. In the event of incomplete services for an AHS or SHA funded bed, the client-paid amounts not covered by the funding agency will not be refunded.

## **K. CONCERNS & FEEDBACK**

1. Any client who may have a concern or feedback should address the issue directly with the staff member involved.
2. Should the concern remain unresolved, the client may approach any manager for further discussion.
3. If the concern continues to be unresolved, the client may request to speak with the Clinical Director for resolution who may involve the Chief Executive Officer if necessary.
4. All decision making will use the Ethical Decision Making guidelines and will be in alignment with the organization's mission and vision.

## **L. EMERGENCY CONTACT**

1. I authorize the Thorpe Recovery Centre to contact the person(s) identified as "Emergency Contacts" in this admission package in the case of a critical incident, emergency or unscheduled discharge from the program. The information released will include the client's name, date and time of the discharge, reasoning for discharge, and if a medical emergency, where the client has been transported. I understand that a voice mail message will be left should direct contact cannot be made.

## **M. SUBSTITUTE DECISION MAKER**

1. A substitute decision-maker (SDM) is a person one chooses in advance to make health care decisions for you in the event you cannot make them for yourself. If you have an SDM, please ensure they are identified in this admission package. Learn more about SDM here: <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=aa114475>

## **N. SAFETY & SECURITY**

1. Indoor and outdoor areas of the facility are monitored by a video monitoring system.
2. Safety checks will be performed by Thorpe team members at intervals throughout the day and night. Client dormitories will be entered during these checks.

## **O. DISCHARGE**

1. Scheduled discharges, for those who have successfully completed programming, are required to attend morning programming, then may depart the facility after 10:30am.
2. Unscheduled discharges, for breach of policy or by the will of the client, may occur at any time.
  - ii. Items that are left at the Centre for more than 30 days after the discharge date will be disposed of.

## **P. CODE OF ETHICS**

1. Our team is bound to a code of ethical conduct that maintains the best interest of the client. The therapeutic relationship between Thorpe and the client remains in tact for a minimum of one year after the completion of programming. As such, romantic or platonic relationships between staff and clients are not permitted during this time, including non-recovery related activities in person or through technology.
2. We understand that special bonds may develop between those in programming at the same time; however, to respect each person's own boundaries, romantic or sexual relations between individuals will not be permitted and will be addressed by the Thorpe team.

## **Q. PERSONAL INJURY OR AILMENT**

1. I release the Thorpe Recovery Centre from personal injury should I choose to use any equipment provided to me during my programming the Centre.
2. I release the Thorpe Recovery Centre from any damage or loss of property during my programming at the Centre.
3. I release Thorpe Recovery Centre from any and all liability in relation to my participation in any and all aspects of the programming.

## **R. LIMITS OF CONFIDENTIALITY**

1. I understand that my treatment and any information I may share with Thorpe Recovery Centre is confidential and that any release of information shall require a signed release from me.
2. I further understand the following limits of confidentiality. Thorpe Recovery Centre staff may release pertinent information to the appropriate authorities including, but not limited, to police officer, RCMP, medical personnel, the Child and Family Service Authority, without a signed release in the following circumstances:
  - i. If I disclose that I have intentions of harming myself.
  - ii. If I disclose that I may cause harm to someone other than myself.
  - iii. If I disclose that a child or elder is in imminent risk of being abused or harmed.
  - iv. If subpoenaed by the court, the Thorpe Recovery Centre is legally required to make my file available to the judicial system.



## S. MUTUAL RESPECT AGREEMENT

1. All clients and employees of Thorpe Recovery Centre have the right to a safe, secure and violence-free environment. Thorpe recognizes this right and acknowledges that nothing is more important than the safety and security of its employees and residents.
2. Thorpe Recovery Centre is committed to providing an atmosphere that is free from abusive behaviour, acts of violence or threats of violence. In keeping with this commitment, Thorpe Recovery Centre has established a policy that provides “zero-tolerance” for actual or threatened violence against clients, co-workers, visitors or any other persons who are either on our premises or have contact with clients and employees in the course of their duties.
3. We define abusive behaviour and violence as actions or words that endanger or harm another person or result in people having a reasonable belief that they are in danger. Such actions include:
  4. Verbal, sexual or physical harassment
  5. Verbal, sexual or physical threats and intimidation
  6. Assaults or other acts of violence or indecency
2. Reports of violence will be investigated, and may receive a consequence in a manner deemed appropriate by staff which may result in discharge from program.
3. All personal information shared by others during programming or otherwise while in the care of Thorpe Recovery Centre is not to be discussed outside of the building.
4. Gossip or hearsay between clients and/or staff will not be tolerated.

**I understand that treatment information is recorded in my client file for reference and that Thorpe Recovery Centre staff and associates share information among relevant team members to assist in the delivery of services.**

**I will participate in all mandatory programming to the best of my ability. I agree to adhere to the rules and policies set out by the Thorpe Recovery Centre and understand that failure to do so will result in termination of programming.**

**I agree to all of the terms and regulations set out before me in the *Conditions of Admission and Contract of Services*.**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Information

### GENERAL INFORMATION

Legal Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Suite Street Address City Province Postal Code

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Agender  Female  Gender Fluid  Intersex  Male  Non-Binary  Questioning  
 Transgender Male  Transgender Female  Two-Spirit  Prefer not to Disclose  
 Not Listed: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Indigenous:  No  Yes: Status #: \_\_\_\_\_

Date of Birth: (YYYY/MM/DD) \_\_\_\_\_ Current Age: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_ Province: \_\_\_\_\_

Medical Benefits # (if applicable) \_\_\_\_\_ Carrier#: \_\_\_\_\_

Group or Plan # \_\_\_\_\_ Certificate / Member#: \_\_\_\_\_

How did you hear about the Thorpe Recovery Centre? \_\_\_\_\_

Do you have any relationships – personal or otherwise, with any TRC staff?  No  Yes: \_\_\_\_\_

### EMERGENCY & SUBSTITUTE DECISION MAKER CONTACT INFORMATION

#### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Suite Street Address City Province Postal Code

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Substitute Decision Maker:**  Same as Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Suite Street Address City Province Postal Code

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REFERRAL SOURCE INFORMATION**

Self/Family   
  AHS Addiction & Mental Health   
  SK Addiction & Mental Health   
  Child Welfare  
 Physician/Hospital   
  Other Community Mental Health & Addiction Support  
 Employer/ EAP   
  Legal/Justice System/Drug Court   
  Other: \_\_\_\_\_  
 Referral Source Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**INCOME & EDUCATION**

Income Source:  
  Employed   
  Alberta Works  
  AISH   
  EI   
  On Reserve Assistance  
 Other Assistance   
  Other Source of Income  
  No Income  
 No income, performing unpaid work (caregiver, parenting)  
  SIS   
  SAID  
  
 Length of Current Income Status \_\_\_\_\_ Occupation: \_\_\_\_\_  
 What is your highest level of completed education?  
  Grade 1-9  
  Grade 12   
  Some Post-Secondary  
 Post- Secondary   
  Trade Certificate  
  
 Do you have a learning disability?  
  ADHD   
  Comprehension   
  Processing Deficits  
 Reading  
  Non-Verbal   
  Writing   
  Other: \_\_\_\_\_

**FAMILY AND SOCIAL HISTORY**

What is your partnership status?  
  Married/ Common Law  
  Single   
  Separated  
  Divorced  
  Widowed  
 Do you have any concerns regarding your relationships or non-relationships? *Please explain:*

\_\_\_\_\_

\_\_\_\_\_

Do you have children?     No     Yes (*please list, attach additional pages if necessary*):

Name	Age	Sex	Does this Child Live With You?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

Do you have any concerns regarding your relationship with your children? Please describe your concerns

\_\_\_\_\_

Please list all of your support systems (i.e. 12 step, family, friends, church, community agencies etc.)

\_\_\_\_\_

**HOUSING**

Do you have a permanent residence?     No     Yes:  
     *With whom are you now living with* \_\_\_\_\_ *for how long?* \_\_\_\_\_  
 Do you currently live with anyone who has a substance use disorder?  
  No     Yes

**ADDICTION INFORMATION**

Which of the following have you experienced because of your alcohol, drug use and/or process addiction use? *Please check all that apply.*

- Blackouts
- Inability to stop drinking, acting out or using once you start.
- Feelings of guilt.
- Increased tolerance of alcohol, drugs and/or process addictions.
- Drinking or using in the morning.
- Previous attempts to stay sober or clean followed by a return to drinking, using and/or process addictions.
- Hospitalization due to use of alcohol, drugs and/or process addictions.
- Advised by a physician or other health professional to stop or reduce drinking, using or acting out.

Which of these employment/school issues have you experienced in the past? *Please check all that apply.*

- Absenteeism
- Drinking, using drugs and/or process addictions at work or school.
- Resigning work or dropping out of school as a result of your alcohol, drug use and/or process addictions.
- Disciplinary action
- Concern about performance
- Attending work or school under the influence of alcohol, drugs and/or process addictions.

Please identify how addiction has affected these areas of your life:

Family

Emotional Well-being

Social Well-being

Physical Well-being

Spiritual Well-being

Finances

**ADDICTION HISTORY**

Please list substances used (past and present) including drugs, alcohol, solvents, prescriptions, over the counter medications, and behaviours. Use an \* to indicate your primary addiction and \*\* for your secondary: *Attach additional pages if required*

Substance	Amount Used	Daily/Weekly/Monthly	Date of Last Use	Age of First Use	Considered Problematic?

Have you ever been affected by the alcohol/drug use, gambling and/or process addictions of family members?

No                       Yes (describe): \_\_\_\_\_

**GAMBLING & GAMING HISTORY**

Which types of gambling (past and present) have you participated in?

- VLT             Pro-line             Track             Bingo             Casino             Virtual Gaming  
 Online Poker     Card Games             Games of Skill             Lotteries             Other: \_\_\_\_\_

How long have you been playing the above game(s) and how often do you gamble? \_\_\_\_\_

How long have you recognized gambling as problem? \_\_\_\_\_

What are your main concerns about your gambling at this time? \_\_\_\_\_

**OTHER HISTORY**

Do you identify any of these behaviours as being problematic?  Internet Use     Relationships     Shopping     Sex  
 Food             Other: \_\_\_\_\_

If you checked yes for food, would you describe it as an eating disorder?     No             Yes (explain): \_\_\_\_\_

Have you ever experienced a time when food controlled you or interfered with your life?             No             Yes

Have you ever tried to abstain from any of the above activities?             No             Yes

Has anyone ever expressed concern about your involvement in these activities?             No             Yes

**TOBACCO USE**

**Do you currently use tobacco or nicotine products? If yes, complete the following:**

- Do you currently smoke cigarettes?             No             Yes  
     *If yes, are you interested in quitting?*             No             Yes  
 How many cigarettes do you smoke daily?     5 or Less     5 – 10             10—20             More than 20 (1 pack)  
 Do you currently use an e-cigarette/vape?     No             Yes  
     *If yes, are you interested in quitting?*             No             Yes  
 Do you currently chew tobacco?             No             Yes  
     *If yes, are you interested in quitting?*             No             Yes

**TREATMENT AND DETOX**

Is this your first time accessing any form of treatment?  No  Yes

Have you previously accessed or received treatment at Thorpe Recovery Centre?  No  Yes

Date(s) \_\_\_\_\_ Did you complete the program?  No  Yes

Have you previously attended detox/or residential programming at another centre?  No  Yes

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Did you complete?  No  Yes Reason: \_\_\_\_\_

**TRAUMA/LOSS**

Have you experienced any of the following types of abuse/trauma?

Sexual Abuse  Physical Abuse  Emotional Abuse  Domestic Violence  Other: \_\_\_\_\_

Have you experienced any of the following types of significant life losses?

Death  Health Problem/Change  Divorce/Separation  Loss of Job/School

Other: \_\_\_\_\_

Are you experiencing any of the following concerns?

Problems with Family  Housing Problems  Problems with Social Environment

Financial Problems  Educational Problems  Problem with Access to Health Care

Occupational Problems  Legal Problems  Other: \_\_\_\_\_

**LEGAL HISTORY**

Do you have any of the following issues:  Parole\*\*  Probation\*\*  Bail\*\*

Incarceration (Including Remand)  House arrest

Conditional Sentence  Non-Contact Order

Child & Family Orders

Do you have any past charges?  No  Yes (explain): \_\_\_\_\_

\_\_\_\_\_

Do you have any outstanding legal charges?  No  Yes (explain): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Upcoming court date(s): \_\_\_\_\_

Do you have any other legal issues?  No  Yes (explain): \_\_\_\_\_

\*\*Probation Officer or Bail Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Counsel: \_\_\_\_\_

Firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL HISTORY**

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box/Suite Street Address City Province Postal Code

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Have you had any medical conditions/illnesses within the past two years?  No  Yes *If yes, identify:*

Are you taking any prescription medications or over-the counter medications?  No  Yes

*If yes to either, please list (attach additional sheets if required):*

Name of Medication	Dosage/Frequency	Duration of use	Reason taken

*All medications must be handed over upon intake; only authorized prescription medications in original packaging or blister-packs will be admitted and returned to the client upon discharge.*

*Any medications or substances that are not approved and/or not in original prescription packaging will be destroyed.*

Have you been hospitalized in the past year?  No  Yes *(describe):*

Known allergies (environmental, food, medication, etc.):  No  Yes *(describe):*

Do you have any special dietary requirements (cultural or intolerances)?  No  Yes *(describe):*

Do you have any issues that require accommodation? (hearing loss, mobility etc.)  No  Yes *(describe):*

Do you have trouble with sleeping?:  Apnea  Staying Asleep  Falling Asleep  Night Terrors  
 Snoring  Sleepwalking

Are you affected by any of the following?:  HIV/AIDS  Hepatitis  Scabies  Lice  Bed Bugs

**PSYCHOLOGICAL AND MENTAL HEALTH INFORMATION**

Are you currently seeing a mental health professional?  No  Yes *(specify):*

Psychiatrist  Psychologist  Therapist  Other: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a current formal mental health diagnosis?  No  Yes *(specify):*

When, and by whom? \_\_\_\_\_

- ADD/ADHD  Anxiety Disorder  Bipolar  Borderline Personality Disorder
- Depression  Dissociative Disorder  FASD  OCD  PTSD
- Schizophrenia  Other: \_\_\_\_\_

Do you have a past mental health diagnosis?  No  Yes (*specify*):

When, and by whom? \_\_\_\_\_

*If yes, please check all that apply:*

- ADD/ADHD     Anxiety Disorder     Bipolar     Borderline Personality Disorder  
 Depression     Dissociative Disorder     FASD     OCD     PTSD  
 Schizophrenia     Other: \_\_\_\_\_

Have you had any suicidal thoughts or attempts in the past year?  No  Yes (*specify*):

*When:* \_\_\_\_\_ *What happened:* \_\_\_\_\_

Do you currently have any suicidal thoughts or are planning an attempt?  No  Yes(*specify*):

*What is your plan:* \_\_\_\_\_

Do you have any history of self-harm behaviours?  No  Yes (*specify*):

*Have you received or inquired for help with this?*  No  Yes (*specify*):

*With Who:* \_\_\_\_\_

*What is your plan:* \_\_\_\_\_

## GOALS

What are your goals for treatment?

This Applicant Information was completed by:

- Self- Referral (includes Family Members)  
 Referral

Referral Source Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Pre-Admission Release and Collection of Confidential Information

The following allows our team to connect with those who have helped you on your recovery journey so we may best assess your needs. Upon arrival at Thorpe Recovery Centre, you will have the opportunity to identify additional individuals and agencies who may know about your stay at the Centre and other aspects of your treatment.

I, \_\_\_\_\_, permit the Thorpe Recovery Centre to contact the persons and agencies listed below to collect and/or release information pertaining to my medical history:

### WHO MAY BE CONTACTED

Psychiatrist, Physicians, Addiction & Mental Health Counsellors, Nurses or Pharmacists who have been consulted within the last 6 months or while the I have been in treatment at Thorpe Recovery Centre:

### INFORMATION PERTAINING TO

#### To release verbally or in writing:

- Discharge Summary (includes):
  - Assessment and Treatment Planning Information
  - Progress Reports
  - Continuing Care
  - Confirmation of Attendance/ Completion & Dates of Treatment
  - Legal Status
  - Medical Status and Information

- Financial Status
- Change in Treatment Plan / Termination of Treatment
- Emergencies
- Other (specify): \_\_\_\_\_

#### To collect verbally or in writing:

- Assessment
- Attendance
- Relevant History
- Progress Summary
- Reason for Referral
- Medical Information
- Legal Status / Conditions
- Treatment Summary
- Employment History
- Service Monitoring
- Other (specify): \_\_\_\_\_

### GRANTING CONSENT

I understand that provision of treatment services is not dependent on my decision to release information and that I may cancel this consent at any time. I understand that some action may have been taken prior to any cancellation.

Release Expiry Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

### CANCEL CONSENT

I cancel the above permissions prior to the expiry date. I understand that some action may have been taken prior to this cancellation.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

## Packing Checklist

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### WHAT TO BRING:

- One suitcase and one backpack.
- Two pieces of ID (one photo ID), Provincial Health Care card or number, and benefits provider/card info.
- All approved medications in blister-packs. Quantities should last the extent of your programming.
- Earplugs or a white noise machine (for light sleepers)
- Personal hygiene items. Scented or alcohol based products are not permitted.
- Pillow (optional).
- Reading material for free time (e.g., 12-Step or other recovery reading material). Books will be reviewed by TRC staff for treatment appropriateness. Books with violence, sexual content, or substance use will not be permitted.
- Clear water bottle and/or clear travel mug with a lid.
- Pen and paper or journal
- Casual, modest and comfortable clothing, weather appropriate clothing, outdoor walking shoes and indoor footwear; fitness wear for use in gym and fitness centre (t-shirts, shorts, track pants, clean running shoes with non-marking sole); sleepwear (must be worn in event of emergency or dorm checks); modest swimwear and towel for recreation (this activity is optional and not always available).
- Money for incidentals (bring small bills or coins as change is limited). There is an ATM on site. Do not bring more than \$200 in cash.
- Alarm clock or watch (without a radio) if you need one. Smart Technology is not permitted.

### WHAT NOT TO BRING:

- More than 1 suitcase and 1 backpack.
- Electronic or internet-capable equipment including: clock radios, cell phones, tablets, laptops, stereos, video games, TVs, mp3 players, smart watches, or electric blankets.
- Tobacco products other than cigarettes, including tobacco and products with alcohol dipped flavors, and chew tobacco. Cigarettes or e-juices in open containers are not permitted (must arrive new/sealed).
- Revealing clothing and apparel suggestive of violence, alcohol, drugs, gambling, sex or discrimination. Leggings must be worn with a top that will cover to mid-thigh.
- Food, candy, or drinks, including weight altering substances or meal supplements.
- Scented products or products containing alcohol, hemp, CBD or scents including: perfume or cologne; mouthwash; nail polish or polish remover; aerosol hairspray; essential oils, strong smelling lotions, etc. (Alcohol-free mouthwash and hair products are allowed).
- Weapons (including pocketknives), compact mirrors/mirrors or valuable jewellery.
- Drug paraphernalia, gambling paraphernalia, pornography and sexual toys/aids.
- Herbal remedies.

**I have read the above list and agree to only bring the approved items. I understand that my personal belongings will be searched and I will have a personal search and pat-down upon arrival. If I arrive at Thorpe Recovery Centre with items that are not allowed or have additional items beyond the limit of 1 suitcase and 1 backpack, I understand that I may not be admitted to the program and/or the restricted items will be confiscated.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

## Information for Client Support Network

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Dear Friends, Family, and Employers;

We appreciate that you are concerned about how your loved one is doing while with us at Thorpe Recovery Centre (TRC). We know that you may be eager to speak with the counsellors, nurses, or support staff at the Centre in regards to the wellbeing of your loved one. At TRC, we have our own code of ethical conduct and we also abide by the Freedom of Information and Protection of Privacy Act as well as the Health Information Act. Among all of these regulations and guidelines are strict rules about who is and who is not entitled to a client's protected personal information. To ensure a safe and trusted environment, we ask for your cooperation and understanding of our confidentiality policies. This letter will help you understand:

1. The types of information that are protected
2. Communication and information you can expect from TRC

### PROTECTED PERSONAL INFORMATION

Some examples of protected personal information of clients who seek professional healthcare include:

1. Physical and psychiatric diagnoses
2. Medications prescribed (if applicable)
3. Reports and clinical notes
4. Recommendations for further testing
5. Disclosures in assessments or therapy, and
6. Certain details in the therapeutic process.

According to the regulatory laws, codes of ethics, and policies, even the funder is not entitled to a client's protected personal information.

Of course, there may be times when it is important for families to have a better understanding of their loved one's condition. For example, perhaps the clinical team discovers a client has dementia and needs help making decisions. In this case, we decide if it is in the client's best interest to inform a family member of the new diagnosis. Cases like this are exceptional.

### CLIENT'S WRITTEN PERMISSION

When a client gives us written permission to speak with their family, this does not mean that we can reveal their protected personal information. It does mean that we can discuss, for example, whether the client is still at TRC, their general progress, and certain recommendations to support them in life after treatment. On rare occasions, a client does not give us permission to talk to families. While we do work with the client to understand why they refused consent, we are obligated to adhere to their wishes. Although it is difficult for families and TRC staff, we are obligated to avoid contact. For example, if you were to call us, we would reply, "I'm sorry but I can neither confirm nor deny that such person is here." Other professionals who provide care to your loved one, such as a psychiatrist in their hometown, may benefit from knowing the clinical details of the client's experience at TRC. In this case, we follow standard practice by obtaining a signed consent to provide information to the specific professional.

### WHAT YOU CAN EXPECT

If you are on the Release of Information, within the first few days of the client's stay at TRC, your loved one's Primary Counsellor will contact you to let you know how the client is settling in, with respect to the client's wishes

on the release of information. The Primary Counsellor will address questions and concerns you have throughout the treatment period and may ask questions of you as well to help further develop the treatment plan. Additional information regarding our programming expectations can be found in the *Client & Family Handbook*, which can be found on our website.

### **FAMILY INTENSIVE**

We encourage you to participate in the online Family Intensive workshop. Let us know if you're interested in attending and a member of our team will contact you regarding registration and program dates.

The Family Intensive is designed to help you learn new ways to live with addiction in your life, regardless if your loved one is in a treatment program. The focus is on you and your understanding of addictive behaviours and how it has affected your wellbeing. It further provides you with an opportunity to enter into your own journey of healing and begin to experience hope and recovery.

### **THE THERAPEUTIC RELATIONSHIP**

Your loved one at TRC will develop what we call a "therapeutic relationship" with the clinical team. This relationship is important and it is also protected by the laws of Alberta. The purpose of protecting the relationship is to help your loved one feel free to disclose emotionally charged feelings and issues, without having to worry that we will tell friends, employers, and family. Trust is essential. Under these acts and codes of ethics, our clinical team see the clients as their primary responsibility, including protecting confidentiality. As a result, there is an obvious distinction between how they work with clients and how they work with family members.

In the event of a Medical Discharge or Walk the Emergency Contact will be notified.

### **DIRECT COMMUNICATION WITH YOUR LOVED ONE**

Your loved one is entering treatment at the Thorpe Recovery Centre to focus on their own health and wellness. Systems of communication and technology can be distracting and inhibit one's personal growth, which is why TRC does not provide internet access to clients, unless supervised for business or financial purposes.

For contact, clients are entitled to two (2) outgoing 15-minute phone calls per week. Clients cannot accept calls nor will messages be taken by reception. Please forward any messages or inquiries to your loved one's Primary Counsellor who can be contacted by email or by phone to 780-875-8890.

Individuals who are participating in Medically Supported Detox or in their Transition phase into Residential Treatment are not granted personal telephone access.

Clients are also encouraged to write and receive letters. All mail can be sent to:

Client's Name  
C/O Thorpe Recovery Centre  
PO Box 291, 21060 Tranquility Way  
Blackfoot, Alberta T0B 0L0

Please note that all letters, parcels, and dropped-off packages will be searched upon receipt.

We encourage you to download our Client & Family Handbook from our website to learn more. Visit [www.thorperecoverycentre.org/admissions](http://www.thorperecoverycentre.org/admissions) to get your copy.

## SUPPORTING YOUR LOVED ONE

Entering treatment can be a time of great opportunity as well as anxiety for your loved one. As such, people with addictions may fluctuate in their commitment toward recovery.

For example, some individuals may not fully grasp the severity of their chemical dependency or process addiction or may deny there is a problem and be resistant to treatment. Whereas others may go through a “grieving process” over the loss of their relationship with their drug of choice. We ask family members and loved ones to understand that such resistance or grieving—accompanied by bargaining and a roller coaster of emotions—is a normal part of the healing process.

There will be times when the client in treatment will want to leave and we will do our best to have your loved one focus on recovery. Bear in mind that such efforts are not always successful and clients have the right to refuse treatment and leave the facility.

### Helpful Support

- Understanding client’s fluctuations in their commitment to recovery.
- Listen and be supportive without judging.
- Do not make hasty decisions. Stay calm and give the treatment process time.
- Do not assume that because a client is not happy in treatment that they are having problems with the style of therapy. This may be part of a natural process of finally accepting the addiction.
- Do not feel like you have to rescue a client from their own upset feelings during treatment.
- Give a client time and space to come to terms with their own recovery program.
- Do not try to make a client feel guilty for being in a recovery program even if they are unable to help out with responsibilities at home.
- Ask the counsellor assigned to the client if you have any questions about the recovery program.
- Learn about ways to start your own healing process by attending the Family Intensive that is offered monthly.

### Unhelpful Support

- Agreeing with and supporting the upset client without understanding the full situation. Remember that you may be hearing only the part of a story the client wants you to know in order to justify leaving treatment.
- Minimizing the addiction problem and accepting that the client will get help at home if they want to.
- Distracting a client from their recovery process by asking them for constant attention and assurance of being loved.
- Telling the client that you feel jealous about the time that they are spending focusing on recovery. Remember that a client in a recovery program is working to become well. Therefore, treatment is an investment for the future.
- Assuming that a client in recovery is trying to be someone else or is under some “cultish” influence. Clients will learn new words and ways of communicating as a constructive part of the recovery process. Seek to understand the new language instead of feeling concerned by such changes.