



BIIDAABAN HEALING LODGE

Residential Treatment Referral Package

Section One: Admissions and Discharge Criteria

Criteria for the admission of the clientele to the Biidaaban Healing Lodge will be as follows:

1. All relevant forms contained within the referral package must be completed by the appropriate individual and returned to the Biidaaban Healing Lodge by the assigned date. The assigned date will be determined by the counseling unit. The following forms will make up the referral package: Residential Treatment Referral Package, Client Medical Information Form, Oath of Confidentiality and Things to Bring.
2. Individuals wishing to access any of the programs offered through the Biidaaban Healing Lodge must participate willingly and be free from ALL court involvement during the treatment process.
3. All clients must sign Oaths binding them to confidentiality while attending programs at the Biidaaban Healing Lodge. They must also ensure that confidentiality is an ongoing commitment once they leave the healing program.
4. Upon arrival, clients must be willing to participate in an assessment with the assigned counselor in order to develop a treatment plan specifying goals and objectives to be worked on during their treatment process.
5. Clients must be willing to participate in an overall introduction to the Biidaaban Healing Lodge and abide by the rules of conduct when in the care of the facility. Please review Client Rules and Regulation Document.

Criteria for completion of the program by clientele from the Biidaaban Healing Lodge are as follows:

1. The client has successfully completed all components of the identified program.
2. The counseling staff is satisfied with the progress and level of commitment of the client in the specified program.
3. Successful completion of all goals and objectives outlined by the lodge staff in the initial plans of care.

4. A detailed discharge summary and treatment plan has been developed prior to the commencement of treatment at the healing lodge.
5. That the client has been made aware of the supportive programs and services within their community of origin that may enrich recovery and wellness
6. That adequate arrangements have been made to transport the client to their home community once treatment has been completed.

Criteria for discharge of the clientele from the Biidaaban Healing Lodge are as follows:

7. At any point during the treatment process where it is assessed that a client is not participating honestly in any component of the program, if they have demonstrated violent behavior toward a staff member or client, if they are disrupting the treatment process of their peers or where it has been assessed that continuing treatment is a risk to their health, Biidaaban Healing Lodge reserves the right to discharge the client from our program.

8. In the event that a client's current patterns of substance use interfere with their treatment process, Biidaaban Healing Lodge reserves the right to discharge clients who have not been forth coming with regards to their current patterns of substance use

9. Not participating in the graduation and the discharge ceremonies.

Section Two: General Information

Please indicate what residential treatment program you are applying for:

- 10 day Anger Management
- 10 day Sexual Abuse Survivor's
- 10 day Grief and Abandonment

Have you attended programs at Biidaaban Healing Lodge before?

- Yes
- No

Client Name:			
Complete Mailing Address:			
Telephone Contact:		Secondary Telephone Contact:	
First Nation Affiliation:		Status Number:	
Date of Birth:		Health Card Number:	
Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> Other: _____		Spouse's Name:	
		Contact Information:	
Names of Children	Date of Birth	Do they reside with you?	
		<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	<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	<input type="checkbox"/> No

Please list any significant information with respect to your children (example: long term illness, childhood trauma, if a child has died etc. . .)

Has a Child Welfare or Protection agency ever been involved with your family?

- Yes
 No

Please summarize your involvement:

Section Three: Medical Information

Physician's Name:	
How long has this individual been your family doctor?	Telephone Contact:
Please List Your Medical Conditions	Prescribed Medication & Dosage

Other:

Please explain any special medical needs or special conditions that you have (Example: allergies, special diets, etc. . .)

Have you ever been diagnosed with a mental illness?

Yes

No

If yes, please explain your history with respect to this?

Please have your family doctor fill out the Medical Form attached to this intake package.

Section Four: Addiction History

1. Current Substance Use: Please answer the following questions honestly and to the best of your ability.		
	Yes	No
A) Are you presently using mood altering substances such as alcohol, street drugs, etc.		
B) Do you use alcohol/drugs more than two times a week?		
C) Do you feel you should cut down on your alcohol/drug use?		
D) Do you use alcohol/drugs when you are alone?		
E) Do you ever feel angry or guilty because of your alcohol/drug use?		
F) Has anyone ever told you that you use too much?		
G) Have you ever lied about your alcohol/drug use?		
H) Do you experience withdrawal symptoms when you go without for days?		
I) Have you noticed that you need more and more to get the same high?		
J) Have you ever missed work due to your alcohol/drug use?		
K) Do you panic if your supply gets low?		

L) Have you ever been charged because of your alcohol/drug use?		
M) Have you ever been to treatment for your alcohol/drug use?		

Additional Comments:

2. Prescription Drug Use: Please answer the questions honestly and to the best of your ability

	Yes	No
A) Are you presently taking any prescription drugs that are not prescribed by your doctor?		
B) Have you ever stolen drugs or stolen to obtain drugs?		
C) Do you regularly use a drug when you wake up or go to bed?		
D) Has your job or school performance suffered due to your use?		
E) Have you ever taken one drug to overcome the effects of another?		
F) Have you ever manipulated or lied to a doctor to get prescription drugs?		
G) Do you avoid people who do not approve of your use?		
H) Have you ever been arrested because of your use?		
I) Have you ever lied about how much you use?		
J) Have you ever tried to stop or control your using?		
K) Do you put the purchase of drugs ahead of financial responsibilities?		

L) Does using interfere with your sleep or eating habits?		
M) Does the thoughts of running out of drugs terrify you?		
N) Is your drug use making life at home unhappy?		
O) Do you think a lot about drugs?		

P) Have you ever used drugs because of emotional pain or stress?		
Q) Do you think you have an addiction to Prescription Drugs?		

Additional Comments:

3. Soft Addictions: Please answer the questions honestly and to the best of your ability.		
	Yes	No
A) Do you smoke more than a package of cigarettes daily?		
B) Can you go without nicotine in your system for a 2 hour period?		
C) When you are not smoking, do you obsess about your next cigarette?		
D) Do you spend more than four hours on the internet daily?		
E) Does your use of the internet effect your personal life?		
F) Does the thought of going without the internet for 10 days scare you?		
G) Do you think you have a problem with gambling?		
H) Do you spend more than more than you can afford weekly on gambling?		
J) Have you ever gotten into financial difficulty because of your gambling?		

K) Have you ever stolen because of your gambling?		
M) Do you think you have a problem with compulsive overeating?		
N) When emotions run high, do you find yourself looking for comfort in food?		
O) Do you feel that you have to hide from people to fill your need to eat?		
P) Do you obsess about eating?		

Additional Comments:

Section Five: Family of Origin

Family History: Please answer the questions honestly and to the best of your ability.

	Yes	No
A) As a child did you witness parental drinking?		
B) As a child did you witness any violence between parents?		
C) Were you exposed to any other violence?		
D) Did you witness any inappropriate sexual behavior by adults?		
E) Were you exposed to any other inappropriate sexual behaviors by other children or community members?		

F) Did you ever reside with other family members?		
G) Did you ever have to reside with foster parents?		
H) Did you have to leave home to attend school?		
I) Were you ever placed in a residential school facility?		
J) As a child were you ever in trouble with the law		

1. As a child how did you feel about your family members and what you were exposed to?

2. What was your relationship like with your parents or primary care givers?

Mother's Name: _____
Describe relationship briefly:

Father's Name: _____
Describe relationship briefly:

3. What was your relationship like with your siblings?

4. Due to close connections of our First Nation communities, it is important that we have the names of your siblings	
Name of Sibling	Name of Sibling


Section Six: Information About You

Please answer the following questions.		
	Yes	No
A) Have you experienced bouts of anxiety or nervousness recently?		
B) Do you or have you experienced depression or sadness recently?		
C) Do you have issues with fears or phobias?		
D) Have you thought about suicide or attempted suicide?		
E) Have you ever participated in self harming behaviors?		
F) Have you experienced sexual abuse in your life?		
G) Have you ever questioned your sexual preference?		
H) Do you have problems being around people of the opposite sex?		
I) Do you struggle with poor body image?		
J) Do you suffer from low self-esteem		
K) Do you have issues with trust?		
L) Do you have difficulty talking or expressing your feelings?		

M) Do you have difficulty speaking in a group?		
N) Do you take issue with being in treatment with someone else from your community?		
O) Do you have problems understanding/processing information?		
P) Is English a barrier for you?		
Q) Do you have difficulty reading?		

Additional Comments:

Section Seven: The Law

Please answer the following questions honestly and to the best of your ability.		
	Yes	No
A) Are you presently on probation?		
B) Are you coming to Biidaaban as a condition of a probation order?		
C) Have you ever been incarcerated?		
D) Have you ever been arrested for a crime of a violent nature?		
F) Have you ever been arrested for possession of an illegal drug?		
G) Have you ever been arrested because of your alcohol/drug use?		
Additional Comments:		



Biidaaban Healing Lodge Client Medical Information Form

Please have this form filled out by your family doctor, and ensure information is forwarded back to Biidaaban Healing Lodge with the rest of your Intake Information.

Name of Physician:	Telephone Contact:
Mailing Address:	1. How long have you been seeing this patient? _____
Client Name:	2. When was the last time they had a complete physical? _____
1. Please describe any communicable diseases that this patient has been exposed to? (Example: TB, Hepatitis, HIV etc. . .)	

2. Please describe any physical limitations or conditions that may prevent this patient from participating in an intensive treatment process? (Example: Arthritis, Back Injury, Pregnancy etc)

3. Please describe any Psychological conditions that may hinder this patient's process while in an intensive treatment process? (Example: Mental Illness, Anxiety, Chronic Stress)

4. Please outline any medical conditions this patient has with respect to allergies, dietary requirements etc. that may affect this client's treatment progress.

5. Please list all medications that this patient is currently prescribed?

6. The Biidaaban Healing Lodge provides intensive 10 day programs in the area of Sexual Abuse, Grief and Abandonment and Anger Management. We use Experiential Learning and Group Participation to provide individuals with a knowledge base and new skills to enhance or develop healthier attitudes. Individuals attending our programs are required to participate in a Core Treatment Process, which can be physically draining and stressful on a client. Methods to release anger are used, and this can be physically challenging to some individuals. Based on the



information provided above, are you confident this individual can participate safely in Biidaaban's program?

- Yes, I am totally confident
- Yes, I have provided additional recommendations below
- No

Additional Recommendations:

Physician's Signature:

Date:

Biidaaban Healing Lodge Oath of Confidentiality

The Biidaaban Healing Lodge believes that in order for healing to take place a client must have a safe, supportive environment in which they are able to share their personal histories, fears, hopes and dreams. The Biidaaban Healing Lodge is committed to providing high quality treatment services and are dedicated to individuals who want to bring healing and recovery into their lives.

Our staff are bound by a professional code of ethics designed to maintain confidentiality. This means we respect your identity and honor the stories and experiences that you share with us. It is our obligation to inform you of the following:

1. Biidaaban Healing Lodge is required by law to report incidents of child abuse in minors under



the age of 16.

2. Biidaaban Healing Lodge is required by law to report instances in which we feel an individual may harm themselves or another individual.

3. Biidaaban Healing Lodge is required by law to report instances where an individual has confessed to murdering an individual or where they are planning to murder an individual.

Individuals attending our programs are expected to abide by the following:

1. When you leave our programs, who you saw here stays here.
2. When you leave our programs, what you heard here stays here.

I full understand what the Biidaaban Healing Lodge is required to report by law. I also understand that there is a need to respect the confidentiality of other individuals attending the programs.

Signature:	Date:
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Biidaaban Healing Lodge Things To Bring List

Please make sure that you bring the following items with you when you come to treatment:

1. Personal Items: clothing slippers, pajamas
2. Toiletries: soap, shampoo, creams, a toothbrush, toothpaste etc. . .
3. Shoes for outdoor activities
4. Weather appropriate clothing
5. Bathing suit
6. Long dress, skirt, t-shirt, shorts for sweat lodge ceremonies
7. Traditional bundle
8. Spiritual items: bible, rosaries etc. . .

9. Personal alarm if possible
10. We encourage individuals to bring their own tobacco for ceremonies and offerings.
11. Any type of headset (CD or Tape) or Personal music. You may be asked to refrain from using this type of equipment if it is deemed problematic to your treatment process.
12. Reading material

Don't forget your bus ticket. All clients must make their own travel arrangements for the trip home prior to arriving at the healing lodge.

The Biidaaban Healing Lodge does not allow the following items into their premises:

1. Aerosol cans including hair spray, deodorant etc. . . (Non-aerosol or pump bottles are available at most drug stores)
2. Any personal items containing alcohol. This includes mouthwash and cologne.
3. Nail polish or nail polish remover.
4. Pocket knives or other items that may be used as a weapon
5. Cell Phones will be kept in lock-up and returned to you when you have completed the program.
6. Other items or materials which may be considered dangerous.

Please note:

Biidaaban Healing Lodge will confiscate/store any items on this list or any other item that may be deemed dangerous.

Upon your arrival to the treatment facility, Biidaaban Healing Lodge staff will conduct a thorough baggage check. This includes a search of all your bags, your clothing and pockets. This is strictly for the safety of you, our staff and other individuals attending our program.