



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 Expectations 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:

1. 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.
2. 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
3. Not participating in the graduation and the discharge ceremonies.

Section Two: General Information

Please indicate what treatment program you are applying for:

- Five-day Anger Solutions
- Ten-day Sexual Abuse Survivors
- ten-day Grief and Abandonment
- Five-day Children of Trauma

Have you attended programs at Biidaaban Healing Lodge before? Yes No

Client Name:			
Complete Mailing Address:			
Telephone:		Secondary Telephone:	
First Nation Affiliation:		Status Number:	
Date of Birth:		Healthcard 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"/> Windowed <input type="checkbox"/> Other:		Spouse's Name:	
		Contact Information:	
Names of Children	Date of Birth	Do they reside with you?	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please list any significant information with respect to your child(ren) – long-term illness, childhood trauma, death of child etc

Has a child welfare or protection agency ever been involved with your family? Yes No

Please summarize this involvement.

Section 3: Medical Information

Physician's Name:	Telephone:
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How long have you been under the care of this physician?

Please List Medical Condition	Prescribed Medication & Dosage

Please explain any special medical needs and/or conditions that you have.
(allergies, dietary needs, mobility issues etc)

Have you ever been diagnosed with a mental illness? Yes No

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

Have you ever contracted any communicable diseases or illnesses? Yes No

Tuberculosis, HIV, Hepatitis C, Bed bugs, Lice etc

When?

How was it dealt with?

Is it an issue now?

Please have your family doctor/practitioner fill out the Medical Form attached to this referral package.

Section Four: Addiction History

Current Substance Use: Please answer the following questions honestly and to the best of your ability.

	YES	NO
Are you presently using mood altering substances such as alcohol, street drugs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use alcohol/drugs more than two times a week?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you should cut down on your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use alcohol/drugs when you are alone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel angry or guilty because of your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone ever told you that you use too much?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lied about your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience withdrawal symptoms when you go without for days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed that you need more and more to get the same high?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever missed work due to your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you panic if your supply gets low?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been charged because of your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been to treatment for your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		
Prescription Drug Use: Please answer the following questions honestly and to the best of your ability.		
	YES	NO
Are you presently taking prescription drugs that are not prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever stolen drugs or stolen to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly use a drug when you wake up or go to bed?	<input type="checkbox"/>	<input type="checkbox"/>
Has your job or school performance suffered due to your use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken one drug to overcome the effects of another?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever manipulated or lied to a doctor to get prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you avoid people who do not approve of your use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested because of your use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lied about how much you use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever tried to stop or control your using?	<input type="checkbox"/>	<input type="checkbox"/>
Do you put the purchase of drugs ahead of financial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Does using drugs interfere with your sleeping or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Does the thought of running out of drugs terrify you?	<input type="checkbox"/>	<input type="checkbox"/>
Is your drug use making life at home unhappy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think a lot about drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used drugs because of emotional pain or stress?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have an addiction to Prescription Drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		
Soft Addictions: Please answer the questions honestly and to the best of your ability.		
	YES	NO
Do you smoke more than a package of cigarettes daily?	<input type="checkbox"/>	<input type="checkbox"/>
Can you go without nicotine in your system for a 2 hour period?	<input type="checkbox"/>	<input type="checkbox"/>
When you are not smoking, do you obsess about your next cigarette?	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend more than four hours on the internet daily?	<input type="checkbox"/>	<input type="checkbox"/>
Does your use of the internet effect your personal life?	<input type="checkbox"/>	<input type="checkbox"/>
Does the thought of going without the internet for 10 days scare you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend more than more than you can afford weekly on gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever gotten into financial difficulty because of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever stolen because of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have a problem with compulsive overeating?	<input type="checkbox"/>	<input type="checkbox"/>

When emotions run high, do you find yourself looking for comfort in food?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you have to hide from people to fill your need to eat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you obsess about eating?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		

Section Five: Family of Origin

Family History: Please answer these questions honestly and to the best of your ability.		
	YES	NO
As a child did you witness parental drinking?	<input type="checkbox"/>	<input type="checkbox"/>
As a child did you witness any violence between parents?	<input type="checkbox"/>	<input type="checkbox"/>
Were you exposed to any other violence?	<input type="checkbox"/>	<input type="checkbox"/>
Did you witness any inappropriate sexual behavior by adults?	<input type="checkbox"/>	<input type="checkbox"/>
Were you exposed to any inappropriate sexual behaviors by other children or community members?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever reside with other family members?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever have to reside with foster parents?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to leave home to attend school?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever placed in a residential school facility?	<input type="checkbox"/>	<input type="checkbox"/>
As a child were you ever in trouble with the law	<input type="checkbox"/>	<input checked="" type="checkbox"/>
As a child how did you feel about your family members and what you were exposed to?		
What was your relationship like with your parents or primary care givers?		
Mother's Name: Describe this relationship briefly:		
Father's Name: Describe this relationship briefly:		

What was your relationship like with your siblings?

Due to close ties of our First Nation communities, it is important that we have the names of your siblings – please list below.

Section Six: Information About You

Please answer the following questions.

	YES	NO
Have you experienced bouts of anxiety or nervousness recently?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or have you experienced depression or sadness recently?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have issues with fears or phobias?	<input type="checkbox"/>	<input type="checkbox"/>
Have you thought about suicide or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in self harming behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced sexual abuse in your life?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever questioned your sexual preference?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems being around people of the opposite sex?	<input type="checkbox"/>	<input type="checkbox"/>
Do you struggle with poor body image?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from low self-esteem?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have issues with trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty talking or expressing your feelings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty speaking in a group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take issue with being in treatment with someone else from your community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems understanding/processing information?	<input type="checkbox"/>	<input type="checkbox"/>
Is English a barrier for you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty reading?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Section Seven: The Law

Please answer the following questions honestly and to the best of your ability.

	YES	NO
Are you presently on probation?	<input type="checkbox"/>	<input type="checkbox"/>

Are you coming to Biidaaban as a condition of a probation order?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for a crime of a violent nature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for possession of an illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested because of your alcohol/drug use?	<input type="checkbox"/>	<input type="checkbox"/>
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:
Mailing Address:	How long have you been seeing this patient?
Patient Name:	When was the last time they had a complete physical?
Please describe any communicable diseases that this patient has been exposed to? (Example: TB, Hepatitis, HIV, lice, bedbugs, etc. . .)	
Please describe any physical limitations or conditions that may prevent this patient from participating in an intensive treatment process. (Arthritis, Back Injury, Pregnancy etc)	
Please describe any Psychological conditions that may hinder this patient's process while in an intensive treatment process? (Mental Illness, Anxiety, Chronic Stress etc)	
Please outline any medical conditions this patient has with respect to allergies, dietary requirements etc. that may affect this client's treatment progress.	



Please list all medications that this patient is currently prescribed.

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:

X

Date: _____

Physician



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 fully 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 this program.

X

Client

Date: _____



Biidaaban Healing Lodge EMHWare Consent Form

Biidaaban Healing Lodge uses a web-based client file system (EMHware) for the creation and storage of client clinical data. This system requires a username and unique individualized password that are provided only to the Biidaaban Healing Lodge staff member.

No individual outside of Biidaaban Healing Lodge will have access to these files without your written consent. Furthermore, consent can be withdrawn at any time with a written request. Biidaaban Clients can request to access their own personal health records by submitting a written request to the Intake Coordinator or Case Manager.

I also understand that there are circumstances where confidential information is legally required to be shared without my written consent. They are as follows:

- When a client is not capable of giving consent
- If we believe that you are in immediate threat to self or others, we are obligated to report this to the proper authorities for the protection of all involved
- We are required by law to report sexual abuse by another regulated health professional
- Suspected or known abuse of a child 16 years of age or under "current"
- In addition, files can be subpoenaed by the court

X

Client

Date: _____

Biidaaban Healing Lodge

Things to Bring

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. We encourage individuals to bring their own tobacco for ceremonies and offerings.
10. 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 your, our staff and other individuals attending the program.