

Application Date: _____

Recovery Acres Society Edmonton
Application Form 2021

6329-118 Avenue, T5W 1G2
Phone: (780) 471-2996

Fax: (780) 477-1578
Email: info@recoveryacres.ca

Notes (for internal use only): _____ _____	Interview set up call reminder sent: Y / N Booked interview time: _____ Accepted: Y / N
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Please fill in and return the following form **THEN PHONE TO SET UP INTERVIEW**

Name: _____ Date of birth (D.M.Y.): _____

AB Health Care Number: _____ **AB Works/BFE/AISH file#:** _____

How long have you been clean and sober from all substances? _____

Have you ever been to Recovery Acres before? Y / N If yes, when? _____

Current Age: _____ Current Marital Status: _____ Are you currently incarcerated? Y / N

Occupation (most recent): _____ Education (Highest level): _____

Contact info: Phone#: _____ Email: _____

Current City of residence: _____ Postal Code: _____ OR homeless

REFERRED BY: SELF _____ OR NAME OF AGENCY (with contact info): _____

CONTACT PERSON IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: _____ Address: _____

CONTACT INFORMATION FOR ALL PROFESSIONAL SUPPORTS:

Name: _____ Profession/role: _____ PH#: _____

Name: _____ Profession/role: _____ PH#: _____

Name: _____ Profession/role: _____ PH#: _____

Name: _____ Profession/role: _____ PH#: _____

Name: _____ Profession/role: _____ PH#: _____

ADDICTION HISTORY:

Drug(s) of choice: _____

Please list any substances used (past and present) for **NON MEDICAL** reasons:

Please check all substances you have used even in the past.

	Recreational Use	Heavy Use	Daily Use	Date of last use:
Alcohol				
Meth				
Amphetamine				
Cocaine				
Crack				
Heroin/Opiates				
Fentanyl				
Oxycodone				
Prescription Abuse				
Inhalants/Solvents				
Marijuana/hashish				
Tobacco				
Do you have a problem with gambling?	Yes	Maybe	No	List any other addictions or issues you would like to deal with:
Do you have a problem with food or eating?	Yes	Maybe	No	
Do you have a problem with sex?	Yes	Maybe	No	
Do you have a problem with relationships?	Yes	Maybe	No	

HISTORY OF ADDICTION TREATMENT:

Agency	Dates(approx.)	Completion	Sober Time

What was the longest sober/clean period in your life? _____

What was working for you at that time of your sobriety? _____

What do you see as being potential barriers to completing the program at Recovery Acres? _____



What is the main reason for coming to Recovery Acres?

- Are you willing to make a 3 month commitment to reside at Recovery Acres? Yes / No
- Have you had any involvement with A.A. __ C.A. __ N.A. ____ G.A. ____ and/or other 12 step groups ____, if so, which one(s) _____?
- Do you have any challenges with reading, writing or understanding instructions that would prevent you from learning program materials and completing homework? Yes / No

MEDICAL HISTORY:

Do you have medical challenges? (Injuries, pain and history of seizures):

Have you had any Mental Health issues? (Depression, anxiety, phobias, anger/rage, suicidal thoughts or attempts, etc.)

Do you regularly take any prescribed medications for ongoing medical or psychological conditions? If yes, list the type and amount please.

Are you on Suboxone or Methadone Y / N. If yes, for how long and what is the dose? _____

Are you currently taking any prescribed medications? If yes, list please.

Do you take over-the-counter medication? (Gravol, Tylenol, NyQuil, Neo-Citron, Herbal Remedies, Vitamins, etc.) If yes, please record below.

Do you use any fitness supplements or workout enhancement products? If yes, please record below.

Do you have any pet or food allergies? If yes, please record below.

Write about your greatest achievement or proudest moment: _____

List your top three strengths:

-
-
-

List your top three supports:

-
-
-

List your top three treatment goals:

-
-
-

List pastimes, activities and hobbies that you like to do:

-
-
-
-
-

Write down what you will do to contribute to your community when you finish this program:

LEGAL HISTORY:

Have you ever been incarcerated? Yes ___ No ___

Longest time incarcerated? _____

Are you currently incarcerated? Yes ___ No ___

Do you have outstanding charges? Yes ___ No ___

Do you have upcoming court dates? If yes, when?

Are you on probation? Yes _____ No _____ How long is order? _____

Name of probation officer: _____

Phone number: _____

***Please note that Recovery Acres is a tobacco free building. Tobacco use by clients during programing hours is strictly prohibited. Tobacco use is limited to a dedicated area on the property during the clients' free time. We do have a tobacco cessation program for clients wishing to quit as well as nicotine replacement therapy and support for all clients.**

I, _____, give Recovery Acres Society permission to discuss with other agencies information about me to determine my suitability for treatment at Recovery Acres.

******Do not forget to call us after you return this completed application to set up an interview.******

Applicant's signature:

Date:

Counsellor's comments:
