

# REFERRAL PROCESS

## GENERAL INFORMATION FOR REFERRAL WORKER/AGENCY

Referrals will be accepted from the following sources:

- Self referral
- Community-based counselors/agencies
- Detox, halfway houses
- Health and paraprofessionals
- Women Shelters/CAS

The referral agencies must be in contact with Sagashtawao Healing Lodge and the prospective client to make an informed referral

The referral agencies are advised that a client is not considered confirmed unless Sagashtawao Healing Lodge has issued a letter of acceptance.

Upon client acceptance, the referral agencies are requested to inform clients of the following:

- Clients must bring personal belongings as stated in Client information checklist
- Return travel arrangements must be prearranged by agency. Sagashtawao is not responsible for picking up or dropping off clients during arrivals and departures
- Any appointments with doctors, lawyers, probation, court dates, employment or cheque issues, or babysitter issues, etc., must be taken care of prior to admission
- Effective September 25, 2008, Referrals will no longer be accepted from Correctional Institutions. All clients who may have legal matters pending must have their community referral worker send in the referral with a pre-treatment plan in place prior to consideration into the treatment program
- Clients who are released from Correctional Institutions may be considered for admission; however, the client must have been out of the Correctional Institution for 30 days and with a referral from the community referral worker with a pre-treatment plan and aftercare plan
- S.H.L. does not dispense over the counter medication, including Tylenol, Aspirins, sleeping aids, cough syrups. Therefore, a doctor must prescribe all medication
- Clients must abstain from all mood-altering substances, i.e., Prozac, tranquilizers, etc
- Clients must bring their own spending money
- No contact rule for the first two weeks of the 6-week program and the first week of the 3-week program. Only emergency calls will be permitted
- Completion of the referral and medical forms is a requirement. All forms must be received two weeks prior to all admission dates for screening procedures
- Once the screening procedure has been completed, a letter of acceptance/decline will follow
- We do not accept women who are pregnant in the Individual program because the program is both emotionally and physically demanding which could cause undue stress to the mother and the developing infant
- We recommend clients referred to Sagashtawao Healing Lodge not be closely related to avoid any treatment conflict

## **WAITING LIST**

A waiting list starts once the capacity of the Lodge is filled. As cancellations occur, the intake of clients is made available from the waiting list. A waiting list is part of admission criteria and process and operates on first come, first serve basis.

## **CANCELLATIONS**

Clients are encouraged to phone the Lodge if any cancellations are foreseen prior to the admission date. The client or referral worker should do this as soon as possible so that others can be considered.

## **COUPLES**

It is strongly recommended that couples or siblings not be referred on the same intake. Couples are accepted in our Family Healing Program only.

## **ADMISSION CRITERIA**

If you meet some of the following criteria, Welcome to Sagashtawao Healing Lodge.

- Must be a registered First Nations or Inuit Person with a Registry and/or Band number
- 72 hour abstinence
- Individuals who are eighteen years of age and older
- Former graduates of drug and alcohol centers
- Individuals with addiction related problems
- A desire to stop drinking
- A desire to overcome addictive behavior
- A desire to commit to healing and recovery
- A desire to explore a life of healing and recovery
- For individuals who may or may not have relapsed or are at risk of relapse and want to return to a life of recovery and healing
- Travel to be arranged by the referral worker/agency including to/from the Lodge
- Self-referral
- All parts of the referral and medical forms are filled out and all test results sent in

## **ADMISSION DAY**

Admission day will be every Monday of the new intake cycle of programming. Clients are expected to be at the Lodge by 4:00 pm

It is important that a client be clean for 72 hours prior to admission to the Lodge. We want to ensure the best quality care, welfare, safety, security for our clientele and avoid delaying the treatment process

## **PERSONAL LIFE REVIEW PROGRAM/RE-ADMISSIONS**

The same referral process will apply to the three-week programs and to re-admissions. Please ensure that all medical information is up to date.



# ADMISSION CRITERIA

**Sagashtawao Healing Lodge believes that every person has within themselves inner strength and positive qualities, which will enhance their well being to live healthier lifestyles.**

## Family Healing Program “I Have Hope in my Life” Program

If you meet some of the following criteria, Welcome to Sagashtawao Healing Lodge.

- G Must be a registered First Nations or Inuit person with a registry number and/or band number
- G 72 hour abstinence
- G Have all referral and medical forms completely filled out and all test results sent to the Lodge
- G Individuals with addiction related problems
- G A desire to stop drinking/using
- G A desire to overcome addictive behavior
- G A desire to commit to healing and recovery
- G A desire to explore a life of healing and recovery
- G For individuals who may or may not have relapsed or are risk of relapse and want to return to a life of recovery



## **REJECTION CRITERIA**

Sagashtawao Healing Lodge regards the following as an indicator of unsuitability of treatment.

1. Involuntary referrals
2. Clients who are currently using prescribed medication such as sedatives, behavior-modification medication, etc... which could interfere with their participation in the program.
3. Referrals currently involved in the legal process or who are being referred as an alternative to incarceration.
4. Clients whose behavior indicates a need for psychiatric care/treatment.
5. Clients who are physically limited to a degree that they cannot participate in the program or are unable to move about without assistance in the event of an emergency or require extensive staff monitoring.
6. Clients who are unwilling to abide by the rules and regulations of the Centre or indicate by their behavior that they do not wish to be in the program.



## Sagashtawao Healing Lodge Client Information Checklist

Please ensure all of the items on this list are taken care of before coming to Sagashtawao Healing Lodge:

- Please note that the Wednesday prior to intake will be the closing date for applications
- Complete and send in your Referral and Medical forms to be reviewed. Before being placed on the waiting list all required forms and test results must be completed and sent to the Lodge. If all the proper documentation is not received, your application will not be reviewed.
- Ensure all travel arrangements have been made. **Be sure to send a copy of your travel arrangements to the Lodge.** Ensure that you have taxi money to get to and from the Lodge
- Ensure all personal, legal, family, dental, medical, and social business is taken care of prior to admission
- Clients will not be accepted directly from Correctional Institutions, you must be referred from your community referral worker with a pre-treatment plan in place prior to consideration into our treatment program.
- Bring the following items with you:
  - Razors
  - Hairbrush/comb
  - Shampoo/conditioner/Soap/body wash
  - Feminine products
  - Sleeping wear or pajamas
  - Proper attire for winter, summer, church or sweat lodge ceremonies
  - Appropriate sets of clothing
  - Prescribed medication (no over the counter drugs allowed)
  - Indoor shoes/slippers
- All financial arrangements are to be taken care of before arriving at Sagashtawao; however, you should bring some financial allowance/money for personal spending.

### **Sagashtawao Healing Lodge:**

- Laundry products and facilities are available for clients use.
- Sagashtawao Healing Lodge is not responsible for lost/stolen monies or valuables; there is a Safe that clients can keep their money in
- Visiting hours begin on the first Sunday of the 3-week program and the third Sunday of the 6-week program from 1:00pm to 4:00pm. **SUNDAYS ONLY!**
- Absolutely no weapons allowed (knives, sharp instruments, etc.)
- There will be no outside contact for the first two weeks during the six-week program and for the first week in the three-week program.
- Phone calls will be made Mondays and Thursdays starting on the second Monday of the 3-week program and the third Monday of the 6 week program. There is a pay phone provided. All clients are required to use phone cards or to call collect.
- Individuals are expected to abstain from alcohol and/or drugs at a minimum of 72 hours at the time of admission. Individuals are not to be on any mood-altering drugs such as Prozac, Paxil, Librium's, etc.
- Incoming mail will be given to clients on the second Friday of the Six-week program, and the first Friday of the three-week program. The mail will be distributed on Fridays after 1:00 .m.
- Please inform your friends, family, and others that your mail can be sent to:

**Sagashtawao Healing Lodge, P.O. Box 99, Moosonee, ON POL 1YO**

# SAGASHTAWAO HEALING LODGE

## REFERRAL FORM

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Health Number: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Status Indian:  Yes  No Living on Reserve:  Yes  No

If yes, How long? \_\_\_\_\_

Name of Band: \_\_\_\_\_ Band Number: \_\_\_\_\_

Spiritual Beliefs:  Traditional  Roman Catholic  Anglican  Pentecostal  Other

Language (s) spoken by client:  English  Cree  Ojibwa  Other

Language (s) client reads:  English  Cree  Ojibway

Other

Language (s) client writes:  English  Cree  Ojibway  Other

### IN CASES OF EMERGENCY

Next of Kin: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Client: \_\_\_\_\_



**SAGASHTAWAO HEALING LODGE  
REFERRAL FORM**

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**LEGAL STATUS**

Parole      Current Parole condition: \_\_\_\_\_

Probation      Current Probation condition: \_\_\_\_\_

Incarcerated      Release date: \_\_\_\_\_

Court/Legal Action Pending  Yes  No      Court Date: \_\_\_\_\_

Current Charges: \_\_\_\_\_

Outstanding charges: \_\_\_\_\_

Prior Charges: \_\_\_\_\_

**EDUCATION BACKGROUND**

Please state your level and/ or grade of completion beside all that apply to you.

Elementary (grade completed) \_\_\_\_       High School (grade completed) \_\_\_\_

College diploma (program course) \_\_\_\_\_

University degree (program course) \_\_\_\_\_

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

**EMPLOYMENT**

Part-time     Homemaker     Self-Employed     Job Training  
 Employed     Unemployed     Seasonal     Retired     Temporary  
 Student     E.I.     Other: \_\_\_\_\_

**INCOME SOURCE:**

Job     Income Assistance     Family     E.I.  
 None     Other: \_\_\_\_\_

**LIST SKILLS, HOBBIES, AND INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SAGASHTAWAO HEALING LODGE  
REFERRAL FORM**

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**PREVIOUS SUBSTANCE ABUSE HISTORY (please fill in this information)**

<b>Alcohol/Drugs</b> <i>example: Cocaine</i>	<b>Age First Used d/m/y</b> <i>I was 15yrs old</i>	<b>Date Last Used d/m/y</b> <i>Last used on July 25, 2003</i>
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**PREVIOUS TREATMENT FOR ALCOHOL AND DRUG ABUSE (list two most recent)**

- 1) Name of Facility: \_\_\_\_\_  
Date Admitted: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Type of Treatment: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_  
Duration of Abstinence Following Treatment: \_\_\_\_\_
- 2) Name of Facility: \_\_\_\_\_  
Date Admitted: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Type of Treatment: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_  
Duration of Abstinence Following Treatment: \_\_\_\_\_

I AUTHORIZE Sagashtawao Healing Lodge to inquire for verification regarding my previous treatment history.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Worker/Counselor)

\_\_\_\_\_  
Date

**SAGASHTAWAO HEALING LODGE  
REFERRAL FORM**

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**ADDITIONAL INFORMATION**

Presenting problems for which client now seeks help.

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Any issues/concerns client has regarding treatment at Sagashtawao Healing Lodge.

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**REFERRAL AGENCY (Referral Worker must fill in all sections)**

Referral Worker: \_\_\_\_\_

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any recommendations by Referral Worker:

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If client has recently been incarcerated, what programs is the client involved in as part of their pre-treatment plan? Please list counseling sessions per week with you, counseling sessions with another community service provider, support groups etc.:

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**SAGASHTAWAO HEALING LODGE  
REFERRAL FORM**

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How often have you provided support services prior to making this referral? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What aftercare/follow-up plans have been made between client and worker?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ENSURE COMPLETED MEDICAL FORM IS ATTACHED TO  
THE REFERRAL FORM PRIOR TO SUBMITTING TO (705) 336-3452  
OR P.O. BOX 99, MOOSONEE, ONTARIO P0L 1Y0**

Referral form will not be considered if any sections are not completed.  
Referral Worker section must be completed.

Revised October 22, 2008



## Consent for Release of Information

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Sagashtawao Healing Lodge collects and protects personal information under the authority of the “Freedom of Information Act” and “Protection of Privacy Act” for the purpose of operating the program and services of Sagashtawao Healing Lodge.

Sagashtawao Healing Lodge along with **James Bay Community Mental Health** and **Weeneebayko General Hospital** work in partnership to provide the quality of care for our clientele while in residence at Sagashtawao Healing Lodge.

Sagashtawao Healing Lodge requires a “Release of Information” to be signed by you to ensure we are providing the best quality of care in our screening process and while you are in residence at Sagashtawao Healing Lodge.

I, \_\_\_\_\_ voluntarily authorize Sagashtawao Healing Lodge to disclose and share all information collected in my referral package including medical information originally collected for the purpose of attending the alcohol and drug treatment program at Sagashtawao Healing Lodge.

I, \_\_\_\_\_ understand that this will be shared in consultation with James Bay Community Mental Health and Weeneebayko General Hospital to ensure the best quality of care in the screening process and while in residence at Sagashtawao Healing Lodge.

Client Name:

D.O.B

\_\_\_\_\_  
(Please Print)

:: \_\_\_\_\_

Client  
Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness  
Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



**SAGASHTAWAO HEALING LODGE  
CONSENT FOR RELEASE OF INFORMATION**

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I, \_\_\_\_\_, hereby authorize  
*(name of client)*

and consent for the release of the following information or documentation pertaining to the records or any portion thereof, as compiled by \_\_\_\_\_  
*(name of organization with the information)*

regarding ***myself*** to be released to Sagashtawao Healing Lodge for purposes regarding continuation of service provision and/or referrals.

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I also authorize and consent for the release of the following information or documentation pertaining to the records or any portion thereof, as compiled by **Sagashtawao Healing Lodge** regarding ***myself*** to be released to \_\_\_\_\_ for purposes regarding  
*(name of organization to release to)*

continuation of service provision and/or referrals.

The information authorized to be released:

**the release and referral of my client record on the AMIS to Sagashtawao Healing Lodge**

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

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

This consent for release of information may be withdrawn at any time with written request by the client and/or will expire on \_\_\_\_\_.

**SAGASHTAWAO HEALING LODGE**  
**PRE-ADMISSION MEDICAL FORM**  
(To be completed by Physician **or** Nurse Practitioner)

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**THIS FORM IS TO BE COMPLETED BY EACH PERSON WHO WISHES TO ATTEND OUR TREATMENT PROGRAMS (ADULTS & CHILDREN)**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Sex:  M  F D.O.B.(mm/dd/yr): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Card # \_\_\_\_\_

Band/First Nation Name: \_\_\_\_\_ Band/First Nation Number: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, \_\_\_\_\_ hereby request and consent for my physician to release medical facts and assessments about me to Sagashtawao Healing Lodge for the purposes of addictions treatment. The photocopy of my signature on this form is as valid as the original.

CLIENT'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

**PRESENT HEALTH CONDITIONS**

Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Communicable Disease  Yes  No If yes, please list: \_\_\_\_\_

Other Medical Conditions  Yes  No If yes, please list: \_\_\_\_\_

**Allergies**

Food  Yes  No If yes, please list: \_\_\_\_\_

Medication  Yes  No If yes, please list: \_\_\_\_\_

Environmental  Yes  No If yes, please list: \_\_\_\_\_

Other  Yes  No If yes, please list: \_\_\_\_\_

**TB Symptom Screening is now mandatory** to be completed prior to entering the treatment program at Sagashtawao Healing Lodge. The Page 3 screening form is now a mandatory part of the Pre-Admission Medical Form.

Sagashtawao Healing Lodge

Pre-Admission Medical Form

Page 2

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Psychological/Psychiatric Conditions  Yes  No Specify \_\_\_\_\_

Suicide Ideations:  Yes  No

Suicide Attempts:  Yes  No Other: \_\_\_\_\_

If yes to any health condition, please elaborate on progress to include dates of diagnosis, nature, outcome:

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**MEDICATION**

List Current Medications	Purpose Medical Condition	Date First Prescribed

Is the client currently participating in a Methadone or Suboxone Maintenance Treatment Program?

Yes  No

If yes, please provide  
details

Is special diet indicated?  Yes  No

Is the client able to participate in a Sweat Lodge ceremony?  Yes  No

Does the client have any mobility issues?  Yes  No

Does the client use the following:  Cane  Walker  Wheelchair  Other

\_\_\_\_\_

\_\_\_\_\_

**Sagashtawao Healing Lodge**

**Pre-Admission Medical Form**

**Page 3**

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### **Symptom screening for Tuberculosis (TB)**

1. Has the client ever had TB disease?  NO  YES

2. Has the client ever had a TB skin test?  NO  YES (If yes, date: \_\_\_\_\_ result: \_\_\_\_\_)

3. Does the client have any of the following symptoms?

New or worsening cough?  NO  YES How long? \_\_\_\_\_

Productive cough?  NO  YES Colour? \_\_\_\_\_

Fever?  NO  YES How long? \_\_\_\_\_

Chills?  NO  YES How long? \_\_\_\_\_

Fatigue?  NO  YES How long? \_\_\_\_\_

Night sweats?  NO  YES How long? \_\_\_\_\_

Weight loss?  NO  YES How long? \_\_\_\_\_

Loss of appetite?  NO  YES How long? \_\_\_\_\_

4. Is the client taking any antibiotics now?  NO  YES

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

5. Does the client have any other illnesses?

\_\_\_\_\_

\_\_\_\_\_

I hereby certify, that I have examined the above named individual as required, stating this person is free from communicable disease, stabilized, and that this person is physically, mentally, and emotionally able to undertake the program at Sagashtawao Healing Lodge.

**Print** Name of Physician/Nurse Practitioner: \_\_\_\_\_

Signature of Physician/Nurse Practitioner \_\_\_\_\_



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

Telephone: \_\_\_\_\_

***Sagashtawao Healing Lodge is not responsible for any fees associated with completion of this form.***

Sagashtawao Healing Lodge

Approved by: Dorothy Hookimaw

Executive Director

Pre-Admission Medical Form

Creation Date: August 11, 2014

Revised: