



PROGRAM FOR MEN WITH ALCOHOL AND DRUG PROBLEMS
The Realistic Success Recovery Society

CRITERIA FOR ALL PROGRAM ADMISSIONS

- Men 19 years of age or over, or who are emancipated minors.
- Has identified substance misuse problem (of moderate to high severity)
- Is prepared to abstain from alcohol /other mood-altering drugs, for the duration of the program
- If medication is being taken, a review of medication has been completed by his physician.

Must be stabilized on any medication taken.

- Able to understand and verbally communicate in English

APPLICATION

(Please Print Clearly)

Date of Referral: _____

Client Name: _____

Address: _____
STREET CITY POSTAL CODE

Phone #: _____ OK to Leave Message Yes No

Date of Birth: _____ Age: _____

Personal Health #: _____

Referral Agent (If Any): _____

Phone #: _____ Fax #: _____

Agency Name: _____

Address: _____
STREET CITY POSTAL CODE

Counsellor: _____

1. Please describe substance misuse: include alcohol, street drugs, prescription and over-the-counter drugs.

Drug(s) Used	Start Dates and Length of Use	Clean Date	Indicate Top 3 #1, #2, #3	Rate Level of Problem
				Mild Moderate Severe
				Mild Moderate Severe
				Mild Moderate Severe
				Mild Moderate Severe
				Mild Moderate Severe
				Mild Moderate Severe

2. Do you smoke cigarettes? No Yes If Yes, How many cigarettes/day? _____

3. How many days of the past 30 were alcohol or other drugs used? _____

4. When using, what is the frequency? Daily Weekly Monthly

4. Are you detoxed? No Yes If yes, how did you detox? at home
 Alone at home Under care of physician At detox in hospital

5. Is gambling a problem? No Yes

Other Addictions No Yes

If yes, please describe _____

6. Previous treatment for substance abuse/addictions? No Yes

If yes:

Previous Treatment	Dates	Complete	Incomplete
Detox			
Outpatient			
Day			
Residential			
Psychiatric/Other			

7. Are you stable enough in the following areas so that you can participate in this program at this time?

Safe Home Environment: No Yes Sufficient money/funds to participate No Yes

Stable Housing: No Yes Stable on Medications: No Yes

Comments:

8. What is your highest level of education accomplished? _____

9. What is your current employment status?

10. What best describes your relationship status?

11. Are there people in your life who are supportive of you getting treatment? Please tick all that apply.

No one		Counsellor		Minister/Spiritual mentor	
Doctor		Partner		Mental Health worker	
Psychiatrist		Family		MCFD Social Worker	
Family Friends		Friends		Colleagues at work/school	
Support Group		Sponsor		Other	

12. Are you active in a self-help program? No Yes

If yes, which one(s) _____

13. Is treatment mandated for you? (eg. Job, custody) No Yes

14. Do you have children under age 19? No Yes

If yes, how many living with you? _____

15. Do you have children who will require child minding? No Yes

If yes:

a) Have child-minding arrangements been made? No Yes

16. Are you coming to treatment because of another type of legal problem?

No Yes Is yes: _____

17. Any medical concerns (e.g., dual diagnoses, previous suicide attempts, disordered eating) that staff should know? No Yes

If Yes: _____

19. Is this client currently taking prescribed medication? No Yes

If yes: _____

20. Are there any concerns or other relevant information that the we should be aware? _____

21. I would like to attend the Realistic Success Recovery Society's Recovery Home Program for Men.

Signed: _____

Date signed: _____

Print Name: _____



The Realistic Success Recovery Society

TO BE SIGNED BY CLIENT:

For the purposes of confirming payment, I hereby give permission to The Realistic Success Recovery Society to contact:

- Ministry of Employment and Income Assistance Office (If MHR funding is to be used, please read section in Client Information)
- Employee Assistance Program
- Other (Specify): _____

Client Signature: _____

Client Name: _____

Date: _____