

Applicant:

First Nation:

Screening & Application Form (Step 2)

Building a Path to Wellness

Jackson Lake Healing and Wellness Centre

Kwanlin Dün First Nation



Submit to: Britteny Johnson, Admin Support, Jackson Lake Wellness Team

Kwanlin Dün First Nation

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Colleen Geddes, Coordinator, Jackson Lake Wellness Team

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Thank you for taking the time to complete this application.

PRE-ADMISSION MEDICAL EVALUATION

Applicant's Name _____ Medical# _____

Date: _____

Referral Agency: _____

Address: _____

Consent for Release of Information

I, _____ hereby request and permit my physician or nurse to release medical facts and assessments about me to _____

And **Jackson Lake Healing and Wellness Centre**. The photocopy of my signature on this form is as valid as the original.

Applicant's Signature _____

TO THE PHYSICIAN / NURSE

The above named applicant is to be medically assessed as a potential participant in our four week healing program. Our program is designed to help people who acknowledge that their drinking or drug use has interfered with their effective functioning and who are physically and mentally ready to participate in program activity. **Jackson Lake Healing and Wellness Centre** requires a client to have had a complete physical examination prior to admission. In order for a client to be successful in our program, the client has to be free of alcohol or illegal drug use for 2 weeks and free of psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for a period of one month prior to admission. Prescription drugs may be able to be continued if needed, upon physician's recommendation.

MEDICAL EXAMINATION

Name _____

1. Date of last alcohol/drug use _____
2. Date of last psycho active drug use _____
3. Current Diagnosis _____

4. Medical problems to be followed while in the program

5. Any allergies? _____ If so, what? _____
6. Is patient pregnant? _____
7. Please provide a copy and date of current TB Test result (must be within one year and is MANDATORY).

8. Functional inquiry- is there any disorder of the following?

Hair, skin, nails (especially current or recent infestation or infections)

Ear, Nose, throat

Musculo-skeletal system

Blood, lymphatic system

Cardio-vascular system

Respiratory system

GI system

GU system

CNS- especially hx of seizures

Past history of TB

9. Family History
Alcohol/drug problem
Psychiatric history

10. Physical Examination
Height _____ Weight _____ BP/PR _____

	<u>Normal</u>	<u>Abnormal</u>
Appearance	_____	_____
ENT	_____	_____
Hair, skin, nails	_____	_____
Reticuloendothelial system	_____	_____
Musculo-skeletal system	_____	_____
Thyroid	_____	_____
Cardio-vascular system	_____	_____
Respiratory system	_____	_____
Abdomen	_____	_____
Central nervous system	_____	_____
Evidence of sexually transmitted disease	_____	_____

11. Please comment on any abnormalities noted above.

12. Present medications

13. Have you any comments, suggestions or insights that might be helpful in terms of client's being physically & mentally able to participate in group, one-to-one counselling and living in a land-based healing camp for four weeks?

All clients attending treatment should best be as free as possible from all drug abuse, should not be on any sedative-hypnotics. Pertaining to this patient, it is important that

they not currently be in need of acute hospital care, and that diseases are under control as much as possible- notably contagious diseases.

I have examined this client and find him/her to be fit to attend treatment.

Physician/Nurse Signature _____ Date _____

Address _____

Telephone Number _____

PROGRAM GUIDELINES

The following guidelines will assist everyone to create a safe and healing program and Jackson Lake Healing and Wellness Centre (JLHWC) environment.

Please read the guidelines carefully AND sign if in agreement.

I. ALCOHOL AND DRUGS

- a. There will be *NO* alcohol or non-prescription drugs allowed at the Jackson Lake Healing and Wellness Centre (JLHWC) or during land-based trips. Participants are not to consume alcoholic beverages or any unauthorized drug while attending the Program (non-compliance with this guideline could result in discharge from the program).
- b. All medications are to be turned in to our staff upon arrival at JLHWC.
- c. During the healing program, other addictions, dependencies and behaviors may be addressed.
- d. To ensure a substance-free environment and the safety of all participants, luggage will be checked by the **RCMP** at time of admission. Should there be questions regarding the presence of alcohol or drugs on site, random checks may be completed by staff throughout the Program.
- e. If you arrive with prescriptions not noted on your medical examination paperwork, you will need to meet with JLHWC consulting physician or nurse.
- f. JLHWC does not have the facilities to handle methadone clients or medicinal marijuana.

2. RELATIONSHIPS, VISITORS, AND TELEPHONE CALLS

- a. All participants are expected to remain at the camp, unless on a special pass or on an approved walk.
- b. Sunday Visits (at the end of Week 2 and 3) – pre-approved family and guests will be allowed to visit and participate in camp activities.
- c. Visitors under the influence of alcohol or drugs are prohibited.
- d. Sexual relations between program participants, and between participants and visitors or staff are prohibited.
- e. You are responsible for your visitors and letting your visitors know of the Guidelines for the Program. Cellular phones and pagers are not to be used by clients while they are residents at JLHWC.
- f. Access to the Centre phone restricted. All phones and pagers or other devices used for communications will be collected and held by staff and access only allowed in the event of a family urgency. Make arrangements to be out of touch with family and friends except for Sunday visits at the end of week 2 and 3.

3. HEALTH AND SAFETY

- a. Smoking is not allowed in the buildings or tents. Smoking is allowed outside the building. Ashtrays are supplied and participants will be expected to use them. Smokers are responsible to keep ashtrays clean (we strongly discourage pregnant women smoking). Smokers are expected to gather all butts to ensure the cleanliness and safety of the land.
- b. All medication will be turned over to the Administration Office upon admission to JLHWC. Staff will monitor the administration of medications.

- c. Each Participant is responsible for maintaining living quarters.
- d. JLHWC is a community and all staff and participants will be assigned regular daily camp chores.
- e. If concerns develop regarding client's health a referral may be made to the JLHWC consulting physician or nurse.
- f. Due to the existence of communicable diseases (such as HEP C) please do not share cigarettes, pop or anything that can pass along germs from your mouth.

4. SCHEDULE

- a. Participants are expected to be up in the morning by 6:45 AM during the week and by 9:00 AM on the weekends.
- b. Program starts @ 9:00 AM
- c. "Lights Out" is at 10:30 PM
- d. You are accountable and responsible for attending all program sessions on time- on weekdays and weekends.
- e. Radios, TV, ghetto blasters, IPods, etc. are not to be turned on until after 6:00PM, or until all chores are completed. Volume to be moderate at all times.
- f. Participants are expected to attend all gatherings and ceremonies and assist in hosting visitors.

5. GENERAL PROGRAM GUIDELINES

- a. Residents fighting or destroying property will be discharged from the Program.
- b. Walks must be either solitary (one person) or in groups. Residents must inform staff when they are leaving and returning to camp and where they are going. Residents are also required to sign in/out in the log book. Please make yourself aware of designated walking areas. (See Map)
- c. You are to remain within the boundaries of the JLHWC at all times, except when accompanied by staff or on a pass.
- d. You are responsible for all your personal belongings and effects. JLHWC accepts no liability or responsibility for the personal belongings and effects of residents or visitors.
- e. Gambling is not allowed.
- f. You may bring musical instruments with you. We encourage their use.
- g. Appropriate clothing and footwear is expected.
- h. No videos are to be brought in from outside the Program.
- i. The Main Wall Tent and any ceremonial spaces are sacred places in the Center and we ask that you respect the confidentiality of the Circle at all times.

I understand the Program Guidelines and agree to follow them.

Participants Name (please Print)_____

Signature_____

Witness Name (please Print)_____

Witness Signature_____

Date_____