DISCOVERY HOUSE
ADDICTION RECOVERY HOMES FOR MEN

Penticton Recovery Resource Society/Discovery House
633 Winnipeg St., Penticton, BC V2A 5N1
Phone: (250) 490-3076 Fax: (250) 490-3078 Email: prrs@shaw.ca
www.discoveryhouserecovery.com

Referral Information		
Referring Agent:	Referring Agency:	
Phone Number	Fax Number	Date
Email		
Reason for Referral:		

Applicant Information	
Name	DOB
Address	Age
Phone Number	SIN
Marital Status	PHN
Number of Children	Ages
Date of release from Jail	**Bail or timed served**
Special Interests/Talents/Skills	
List types of ID that you currently possess. (I.E. Driver license, B.C. Id. picture id, birth certificate, or None.)	

Emergency Contact Information	
Name	Address
Relationship	Phone Number
Family/Next of Kin	Phone Number
Counselor/Psychologist/Psychiatrist	Phone Number
Family Physician	Phone Number
Case Manager	Phone Number
Other Professional/Community Support	Phone Number

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Mental Health Information
Psychiatric Diagnosis/History of Mental Health Issues: ☐ Yes ☐No *If yes, please explain*:
Ever hospitalized for Psychiatric illness: ☐ Yes ☐No *If yes, please explain*:
Suicidal Thoughts: ☐ Yes ☐ No *If yes, Please explain:*
History of self-inflicted Harm: ☐Yes ☐ No *If yes, Please explain*:
History of Physical Abuse ☐ Yes ☐ No History of Sexual Abuse ☐ Yes ☐ No History of Trauma ☐ Yes ☐ No
Medical Information
Physical Injuries: ☐ Yes ☐ No *If yes, please describe:*
Other Health Issues (ie. Chronic Disease or Temporary Concerns): ☐ Yes ☐ No *If yes, Please provide details:*
Allergies: ☐ Yes ☐ No *If yes, please describe:*
History of Seizures: ☐ Yes ☐ No *If yes, provide details(substance related):*
Tobacco Smoker / Vaporizer Use: ☐ Yes ☐ No *If yes, number per day:*

Current Medications

Medication	Dosage	Purpose/reason prescribed	Approx start date
1.			
2.			
3.			

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Method of Payment

Social Services or Private Pay?

Eligible for Social Services: ☐ Yes ☐ No

Approved for Social Services: ☐ Yes ☐ No

Private Pay Income Source: ☐ EI ☐ Insurance ☐ Employer ☐ Family/Self ☐ Other

Outstanding issues preventing funding: ☐ Yes ☐ No
If yes, please describe:

Alcohol and Drug Use Summary

Substances Used	✓	**Date of Last Use**	**Frequency of Use (Daily, Weekly, Binge)**	**Quantity of Use (Average used at one time)**	**Date of First Use**	**Currently Experiencing Withdrawal (Y/N)**
Alcohol						
Marijuana						
Cocaine/Crack						
Heroin / Fentanyl						
Prescription Opioids: Morphine, Dilaudid, Oxycodone/Contin, Percocet, Codeine						
Pharmaceuticals: (Please List)						
Ecstasy (MDMA)						
Ketamine (Special K)						
GHB						
Crystal Meth / MDA						
Hallucinogens – (please list)						
Other – (Please List)						

How long have you been substance free?

Drug(s) of Choice:

Other Addictions of Concern (*for example: gambling, shopping, pornography, sex, internet*)
If yes, please explain: ☐ Yes ☐ No

Suboxone/Methadone Maintenance Program: ☐ Yes ☐ No

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If yes, provide start date and dosage:	Prescribing Physician:

History of Violent/Aggressive Behavior/Self Harm: ☐ Yes ☐ No
If yes, please explain:

Attended Residential Treatment: ☐ Yes ☐ No
Completed Residential Treatment: ☐ Yes ☐ No
If yes, Dates & Location:

Legal Information

Currently on Probation/Parole: ☐ Yes ☐ No
If yes, Please provide charges/conditions of your probation/parole (curfew, no contact, etc.):

Court Dates Pending: : ☐ Yes ☐ No
If yes, Please provide dates, charges pending, and location of court appearances:

Legal Counsel: : ☐ Yes ☐ No Are you in need of legal counsel: ☐ Yes ☐ No
If yes, Please provide:

Name of Lawyer:	Legal Firm:	Address:
Phone:	Fax:	Email:

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- All clients are expected to be actively engaged in all areas that will help improve their chances of remaining substance free. These areas include, but are not limited to:

  - Remaining substance free
  - Participating in mandatory programing including 12 step meetings
  - Accessing needed physical/mental health care
  - Accessing an alcohol and drug counselor
  - Addressing financial, legal and self-care needs and commitments

- There are certain behaviors that will result in the automatic discharge from Discovery House:

  - Breaking into any locked rooms/offices or seen going into another persons room without permission
  - Engaging in any criminal activity
  - Bringing alcohol or any illegal substances onto the property
  - Engaging in any acts of violence towards clients and/or staff. This may include any physical, verbal, or emotional abuse, threats, intimidation, or acts of sexism, racism, or harassment.

- Other reasons for possible discharge include, but are not limited to:

  - Non-compliance with house rules or programming
  - Non-compliance with prescription medication
  - Consumption of alcohol and/or drugs

I have read the above and understand all terms and conditions for occupancy at **Discovery House** and agree to abide by them.

Signature: _____ Date: _____

Witness: _____ Date: _____