George Spady Society Detox Program

Acceptance to the Medically Supported Detox is determined upon assessment. After faxing this form to 780-426-1203 please call 780-424-8335 ext. 242 to confirm

Please complete all sections of the form as accurately and as completely as possible.			
Referred By*			
First Name		**Last Name**	
Address			
City		**Postal Code**	
Province		**Country**	
Phone Number(s)			
Emergency Contact			
Health Card Number*			
Gender*			
Birth Date (dd-mm-yyyy)*	Click or tap to enter a date.		
Service Request Date*	Click or tap to enter a date.		
Family Doctor		**Number**	
Allergies*			
Opioid Agonist Therapy (OAT)*	Suboxone ☐ Methadone ☐ Kadian ☐ Sublocade ☐ Other ☐		
Housing Status*	Housed ☐ Homeless <6 mon ☐ Homeless >6 mon ☐ Other ☐		
If homeless, where are you staying	Shelters ☐ Couch Surfing ☐ Outside/Tent ☐ Treatment/Institution		
Income Source/Medication Coverage*	AISH ☐ AB Works ☐ Treaty Coverage ☐ Other:		

Primary Drug of Choice:	**Secondary Drug of Choice:**	**Third Drug of Choice:**	**Fourth Drug of Choice:**
Amount:	**Amount:**	**Amount:**	**Amount:**
Frequency:	**Frequency:**	**Frequency:**	**Frequency:**
Last Use:	**Last Use:**	**Last Use:**	**Last Use:**

What are your goals/plans after detox?	Treatment ☐ Community Supports ☐ Sober Living ☐ Housing ☐		
Do you have a confirmed treatment date?	Yes ☐ No ☐ Where/When?		
Have you consumed alcohol in 30days?	Yes ☐ No ☐	**Have you attended treatment for alcohol misuse?**	Yes ☐ No ☐
☐ **Have you ever experienced withdrawal from alcohol use?**	Yes ☐ No ☐	**Have you ever blacked out from alcohol use?**	Yes ☐ No ☐
Have you ever had alcohol induced withdrawal seizure?	Yes ☐ No ☐	**Have you ever experiences DT's (delirium tremens)?**	Yes ☐ No ☐
Have you ever combined alcoholwith downers like benzodiazepines in the last 90 days?	Yes ☐ No ☐	**Have you ever combined alcohol with any other substances in the last 90 days?**	Yes ☐ No ☐

History of Overdose?		**Do you have any thoughts of self-harm or suicide?**	
Are you currently pregnant?		**Do you have reduced mobility?**	
Do you take any daily medications, if so what or for what condition?			
Additional Comments			

If you have any questions or concerns, please contact the George Spady Society's Medical Detoxification Unit at (phone) 780-424-8335 ext. 242 or (fax) 780-426-1203