Lunar Screening Form upon Admissions

INTERVIEWER NAME:_____ *********DATE:** _____
yyyy mmm dd

Applicant Data

Applicant Name_____Age_____ D.O.B_____ _____ _____
MMM DD YYYY

PHN:_____ S.I.N_____ Tel:_____

Length of abstinence as of today?_____or Clean Date:_____

Are you an IV drug user? Yes ☐ No ☐

Are you on a methadone maintenance program? Yes ☐ No ☐ (If so, please complete MMT Questionnaire)

Is this your first time accessing any alcohol and drug services? Yes ☐ No ☐

Current Program or Address where you are now:_____

A&D Counsellor or Case Worker_____Tel:_____

How did applicant hear about Phoenix? _____

Do you have TB test results? Yes ☐ No ☐ Referred to Sessional Physician for testing? Yes ☐ No ☐

Marital Status: ☐ Single ☐ Common Law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Employment Status: ☐ Unemployed ☐ Employed ☐ Not in the Labour Force ☐ Student ☐ Retired

Homelessness Status: Are you currently homeless? Yes ☐ No ☐
Are you currently at risk of homelessness? (Couch surfing, staying with friends or family) Yes ☐ No ☐

Education: ☐ University Degree ☐ College/Diploma ☐ Grade 9-12 ☐ Grade 1-8 ☐ Trades Training

APPLICANTS' SELF ASSESSMENT OF FUNCTIONING OR CIRCUMSTANCES

The purpose of this (pre-test) survey is to gather information from applicants on how they rate their circumstances in the following areas. When talking with the applicant, you might try a conversational approach like this: I have to gather some information from you now that asks you to rate how you are doing in a variety of areas. One of these is substance use. I would guess that since you are applying for treatment that you would rate your circumstances as poor. Am I right? And for housing; well you told me you are homeless. Is "poor" the right answer in that area? (And so on).

	POOR	FAIR	GOOD	EXCELLENT	N/A
Substance use/misuse					
Physical health					
Mental/emotional health					
Family					
Friends					
Educational					
Employment					
Legal					
Housing					

Substance Use History (including tobacco)

Substance used	How	Age you first used this drug	How long have you used substance?	How much have you been using in the last 2 weeks?	When did you last use the substance? mm-dd-yyyy	Is it the Primary Drug of Choice?
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐
	☐IV ☐Oral ☐Nasal					Yes ☐ No ☐

Health

Do you have any diagnosed Physical Health Conditions

☐Heart Disease ☐Diabetes ☐Back Injury ☐Pain Management Issue ☐ HEP C ☐HIV+ ☐AIDS

☐ Food Allergies to

☐ Medication Allergies to ☐ Upcoming surgeries for

What is your worst medical health problem right now?

WHAT CURRENT MEDICATIONS ARE YOU TAKING?

Medication Name	Dosage	How many times per day	How long have you been taking this medication?

I am taking these medications regularly Yes ☐ No ☐ If not, why not?

Do have any Diagnosed Mental Health Conditions			
Diagnosis	At what age:	Psychiatrist ☐	Family Doctor ☐ Other ☐
Diagnosis	At what age:	Psychiatrist ☐	Family Doctor ☐ Other ☐
Diagnosis	At what age:	Psychiatrist ☐	Family Doctor ☐ Other ☐

CURRENT MEDICATIONS FOR MENTAL HEALTH			
Medication Name	**Dosage**	**How long have you been taking this medication?**	**How many times per day**

Are you taking these medications regularly now? Yes ☐ No ☐ If not, why not?

Health – Suicide Risk

Have you ever felt suicidal**?** Yes ☐ No ☐ How recently?

Have you ever made an attempt**?** Yes ☐ No ☐ how recently?
By what method?

Where you hospitalized**?** Yes ☐ No ☐ How long was your stay in hospital?
Were you seen by a psychiatrist? ☐ No ☐

Name:

Medical Contacts

Medical Contact	**Name**	**Telephone**
Physician		
Specialist		
Psychiatrist		
Other		

Notes:

Treatment History			
Dates of Treatment	**Type: Detox, Support Recovery, Outpatient (OP), 28 day Treatment Program**	**Facility Name**	**Completed or incomplete (If incomplete, why?)**

Clean Time History (Other Periods of Abstinence)			
From		**To**	**What happened that started your substance use again?**

Motivation for Treatment Now
Why do you want to apply for treatment now?
What is different for you this time as you are thinking about coming back to treatment?
What is your worst problem right now?
Do you have a 12 Step sponsor? Yes ☐ No ☐ Are you seeing an outpatient counselor regularly? Yes ☐ No ☐ Are you attending support meetings? Yes ☐ No ☐ How many per week?
What are the 3 main goals you want to accomplish while you attend the program?
Are you ready and willing to be in a highly structured program for a minimum of 3 months? Yes ☐ No ☐
Are you ready and willing to enter the program as soon as possible Yes ☐ No ☐ If no, why not
Do you have any outside problems that might prevent you from completing the program? (Relationships with spouse/partner, parents, kids, money, loss of job, loss of home, etc.) Yes ☐ No ☐ If yes, what are they?

Employment History and Goals	
If you are unemployed, how long have you been unemployed?	If you are employed, how long have you been employed?
What kind of work do you do?	
What kind of work would you like to do?	
What are the main employment action plan goals you want to accomplish?	

Educational Goals
Do you need help with education, skills or training to find and keep employment? Yes ☐ No ☐
What are the main educational action plan goals you want to accomplish while in this program?

Criminal Justice Involvement History	
Do you have a criminal record? Yes ☐ No ☐	
Charged with:	**When**
Have you been arrested, in custody? ☐ Have been arrested, not in custody ☐	Convicted, not in custody ☐ Convicted, currently in custody ☐
Are you facing any current charges? Yes ☐ No ☐ What are the charges?	
Are you on probation currently? Yes ☐ No ☐ If yes, what are the conditions of your order?	
Do you have upcoming court dates? Yes ☐ No ☐ Date:	
Probation/Parole Officer Name:	Contact Number:

Sources of Income		
Type	**Amount per month**	**Comments**
Employment	**$**	
Employment Insurance	**$**	
Employer (Union, EAP)	**$**	
Income Assistance (Basic)	**$**	
Income Assistance (Disability)	**$**	
Income Assistance (PPMB)	**$**	
Accommodation Fee Subsidy (ADS)	**$**	
Self-pay	**$**	
CPP	**$**	
Other	**$**	

Housing Status		***Housing Composition***	
Aboriginal Housing	☐	Living Alone	☐
Supported Facility	☐	Living with Non-Relative	☐
Own Home	☐	Living with Relative(s)	☐
Supported Housing	☐		
Correctional Facility	☐		
Rent or Room/Board	☐		
NFA – No Fixed Address	☐		

Family and Friends

Are family and friends supportive? Yes ☐ No ☐

Do you have a significant other who is supportive of your recovery? Yes ☐ No ☐

Do you have children?

No current dependent children ☐ Yes, children in others care ☐ Not applicable ☐

Yes, currently providing care ☐ Both – providing care & in others care ☐

Are you hoping to reunite with your family? Yes ☐ No ☐

Are there others who are supportive of your recovery? Yes ☐ No ☐

Hopes and Dreams

What are your hopes and dreams that you would like to achieve while in the Transition housing program?

☐ Approved for ESTLR Date:_____ ☐ Through STAR Estimated Intake Date: _____

☐ Not Approved Ineligible because: