

CHOPRA ADDICTION & WELLNESS CENTER

STEP 1 - Guest Intake Application Form

Your application will be reviewed by our clinical staff and you can expect us to contact you within 24 - 48hrs; to discuss a possible intake. A non- refundable payment of \$250 is required to process your application. Your \$250 payment is deducted from any subsequent costs at the Center.

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip Code: _____ Country: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Do you have a Canadian health card number? Yes No

If Yes, please provide your personal health number (PHN #) here: _____

DOB: _____ (MM/DD/YYYY) Age: _____

Sex: M F Trans/Other Gender Identity - How do you self-identify your gender? _____

Do you have a family physician? Yes No

Family Physician Name: _____

Phone: _____ Fax #: _____

Okay to speak to another member of household: Yes No

Okay to leave message: Yes No

Let us know how you heard about us:

<input type="checkbox"/> Google	<input type="checkbox"/> Bing	<input type="checkbox"/> Yahoo
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Conferences	<input type="checkbox"/> Friend	<input type="checkbox"/> Magazine
<input type="checkbox"/> Chopra.com	<input type="checkbox"/> Other: _____	

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STEP 2 - Guest Intake Application Form

1. My reasons for wanting to come to the center now:

2. Are you suffering from any health problems or medical illness? Yes No
If yes please give details (If necessary including medical information from your Health Care Provider):

3. Have you ever been diagnosed with a communicable disease, HIV, Hepatitis, TB? Yes No
If yes please give details:

4. Are you taking any medications or supplements? Yes No
If yes, please provide details as outlined below:

Medication Name	Dose (mg)	Qty (e.g. x 2)	Time of Day Taken	PRN (only as needed)	Why Taken

List additional medications or supplements here: _____

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5. List any allergies you have, including Food and Medications:

6. Are you suffering from emotional or psychological problems?

Yes No

If yes, please describe:

7. Please indicate on the scale below from 1 to 10, how you are feeling Socially

1 – isolated, no support

10 - supported, no conflicts

1 2 3 4 5 6 7 8 9 10

8. Please indicate on the scale below from 1 to 10, how you are feeling in the area of Spirituality

1 – having no direction, feeling lost

10 – feeling peaceful, having purpose and meaning to life

1 2 3 4 5 6 7 8 9 10

10. Any History of suicide attempts?

Yes No

If yes, please check when:

within 3 months

past year

more than one year ago

History of self-mutilation/self harm

Yes No

If yes, please provide details):

History of Violence?

Yes No

If yes, please provide details):

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11. Substance Use History

Please indicate all drugs you have used in the past 3 months

- Alcohol Heroin Illicit Methadone Opiates Fentanyl
 Oxycontin Cocaine/Crack Cannabis Benzodiazepine
 Amphetamines Barbiturates Hallucinogen Prescription Drugs
 Other: _____

- No history of abuse Active abuse Reduced use Abstinent I.V. drug use history

Have you ever overdosed? Yes No If YES, please indicate the drug & date of overdose below:

Have you ever been administered Naloxone (Narcan)? Yes No If YES, please provide details below:

If in *active* abuse, please indicate substance(s) used, frequency, & quantity used in the past two weeks:

12. Treatment History

Type of Facility

When & Duration

Residential

Outpatient Counselling

Detox

Outpatient Methadone

12 Steps

Stopped on Own

Other

13. When would you like to come?

Within 3 days

1 week

other _____

14. Which program are you interested in?

6 week program

28 day program

14 day program

other _____

15. Do you have safe accommodation arranged and available after you leave the center, or should you suddenly need to discontinue services?

Yes

No

16. What questions / concerns do you have for us? What else would you like us to know at this time?

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Approximately how many alcoholic drinks have you had in the past 30 days?

***Please note that *specificity* in listing both number and types of drinks (i.e. *total* ounces, number and size of bottles for each day etc is very important information in predicting your risk of alcohol withdrawal! Please be as detailed as possible with this information...**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty:
Type:	Type:	Type:	Type:	Type:	Type:	Type:
Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty:
Type:	Type:	Type:	Type:	Type:	Type:	Type:
Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty:
Type:	Type:	Type:	Type:	Type:	Type:	Type:
Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty:
Type:	Type:	Type:	Type:	Type:	Type:	Type:

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STEP 3 - Guest Requirements Checklist

While we recognize it is your responsibility to become familiar with our services, we have described a few aspects below. We encourage you to visit our website, read our publications, and ask questions through email, or by phoning us. **We require you to acknowledge your awareness and acceptance of these conditions of the center by checking off on all points and signing your name at the bottom of this form.**

- Be a minimum of 19yrs old
- Want change for yourself, and be accessing the Center by choice
- Have safe and stable housing available
- We offer **some detox** services at our Center. As part of our assessment and to ensure our services accurately match your physical condition, a urine drug screening test **will be** administered the day you arrive. You may be temporarily denied services at our center if you are suffering from severe physical withdrawal symptoms upon arrival. Please consult our Center nurse if you have questions.
- This is a facility committed to supporting wellness, and we require no smoking while you are a resident. We have [smoking cessation programming](#) available!
- We have a delicious **vegetarian only** menu. We believe a balanced vegetarian diet is an optimal nutritional plan for the wellness center.
- This is a therapeutic center with emphasis on group-work. We also provide twice weekly 50 mins individual sessions. Your intent and ability to participate in scheduled sessions are a key component for your success and the success of other residents.
- I understand that sessions may involve yoga and physical activity. I agree to participate only within the range of my physical comfort.
- You are responsible for payment of services. If you are seeking payment from other sources of funding (e.g. insurance services) the Center will share appropriate information only with your consent.
- No residents' vehicles may be parked at Chopra Addiction & Wellness Center. Transportation can be arranged from Vancouver or from the town of Squamish, British Columbia.
- To ensure guest safety, you are required to remain on the grounds of the Center at all times unless specific support from a staff member is given. I understand I will be required to remain at the center for the first weekend of my stay. Weekend excursions will be permitted after 2nd week of treatment.
- I commit to abstain from alcohol and non-prescribed drugs at the Center. Only decaffeinated beverages with natural sweeteners (i.e. honey) are permitted at the center.
- I recognize the lethal dangers of Fentanyl and although the Center engages considerable measures to ensure safety, I recognize no Center can guarantee my safety if I choose to actively seek substances while I am at the Center.
- I understand the focus of my work at the centre is about my emotional wellbeing.
- I understand I will be assigned a room upon arrival and this will be a shared space.
- If I come to the Center with prescription medications, I will take them as prescribed by my family physician. If I want to reduce any medications, I will work with the center medical team and follow their recommendations on reduction or tapering protocols. Depending on my length of stay and safety reasons, the Center is not able to guarantee that I will be off all medications.
- I have no criminal history, no charges pending and no existing court orders nor am I on parole or probation.
- I have no prior commitments that would impact my residential stay. (e.g. medical appointments, court hearings, interviews/meetings)
- Upon arrival at the Center we require you to sign an agreement: 1) acknowledging your commitment to keep confidential all information re. other guests accessing service at Chopra Addiction & Wellness Center, and; 2) acknowledging staff at the Center work as a team and routinely share information with each other in order to best support your wellness.
- I understand that the center reserves the right to discontinue services should it be determined I have misrepresented myself in any way on my application.

Our intake staff will call contact you if there is additional information required to confirm your intake. Please fax the required information to 604-892-3003 or email us at info@chopratreatmentcenter.com

Signature confirming acceptance of all conditions noted above: _____

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STEP 4 - Electronic Communication Disclosure

As a prospective guest we request you read and acknowledge the points below before choosing to accept the confidentiality risks related to electronic communications.

- I recognize e-mail, skype, facsimile and the use of mobile phone devices are examples of insecure forms of communication where my confidentiality and privacy may be compromised. I understand and hereby agree that the Center cannot guarantee the security of personal info shared through the internet, facsimile, mobile phone devices, or through the phone for that matter.
- I understand and agree that The Center may share details from my application with key health-care providers employed by the Center.
- If staff are messaging information regarding my care, staff members have committed to minimize any identifying info, and act to safeguard my privacy. I am welcome to see a copy of the commitment letter staff have signed regarding. electronic communications.
- A treatment summary with detailed identifying information will be emailed to me after my departure. IF I do not want this info sent in an email I must let the Center know this, and they will make other arrangements with me.
- All staff are required to engage passcode protection for their electronic devices as a measure of security.
- I have read the above points and accept the risks regarding the efforts committed to here by the Center toward preserving my privacy and confidentiality.

Signature confirming acceptance of all points noted above: _____

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STEP 5 - Payment Details for Deposit

Payment details for \$250.00 Application Fee:

For Non Canadian Residents all pricing is in US dollars

Type of Card: _____ (Visa or MasterCard) Name on Card: _____

Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address:

Is your billing address the same as your current address?

- Yes, same as my address provided in Step 1
- No, different address

If you have a different billing address to the one provided in Step 1, please provide details below:

First Name: _____ Last Name: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip Code: _____ Country: _____