

# NORTH WIND HEALING CENTRE SOCIETY

P.O. Box 2480 Stn. A. Dawson Creek, BC V1G 4T9  
Phone: (250) 843-6977 Fax: (250) 843-6978  
Email: [t8heal@pris.ca](mailto:t8heal@pris.ca)

## INTAKE PACKAGE

### PROGRAM SCHEDULE FOR 2009 - 2010

#### INTAKE DATES

September 30, 2009

November 11, 2009

January 20, 2010

March 10, 2010

June 2, 2010

**July 26, 2010**

August 11, 2010

September 29, 2010

November 17, 2010

#### CLOSING DATES

October 30, 2009

December 18, 2009

March 3, 2010

April 21, 2010

July 14, 2010

**August 6, 2010**

September 22, 2010

November 10, 2010

December 22, 2010

CENTRE IS CLOSED

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Toll Free No.: 1-888-698-4333

**Note: Schedule subject to change, proper notice will be given with 30 day in advance.**

# North Wind Healing Centre Society

<b>Table Of Contents</b>	<b>Page No.</b>
Intake Program Schedule	1
Table Of Contents	2
About The Program And The Centre	3 – 4
Prior To Submitting The Intake Package Criteria	5
Admission Criteria	6
Rules And Regulations	7 - 11
Conflict Resolution Procedure	12
Admission Application	13 - 16
Referral Workers Assessment	17 - 19
Pre-Admission Medical	20 - 23

## ABOUT THE PROGRAM AND THE CENTRE

The North Wind Healing Centre offers a 45-day, culturally based, residential treatment program. The Centre is located just north of Dawson Creek in the beautiful Peace River country. The facility includes a main “common” building, session and craft room, sauna [for therapeutic use], exercise equipment, computers, counsellor’s office, and administration building. It is 150 acres of wilderness that participants may freely walk.

The staff consists of Biopsychosocial, Cultural, Trauma, Lifeskills, and Recreational counsellors, as well as, night support staff. Spiritual support includes a sweat lodge, pipe ceremonies, and openness to other spiritual beliefs. Participants will also attend self-help groups such as AA, NA, and CA.

Our addictions treatment program uses an affect-based approach with strong emphasis on traditional Aboriginal cultural practices and philosophy. It consists of four modules: Biopsychosocial, Cultural, Trauma, and Lifeskills, with an emphasis on spirituality. It includes but is not exclusive to the following topics:

Program Orientation  
Whole Person Model  
Self-Love/Esteem

Substance Abuse Profiles  
Chemical Addictions Education  
Suicidal Ideation

Culture  
Tradition  
Ceremonies

Communication Skills  
Conflict Resolution Skills  
Self-Control Techniques

Concepts of Balanced Life  
Boundaries

Residential School Syndrome  
Grief and Forgiveness

Violence  
Depression  
Anger

Support Systems in the Community  
Relapse Prevention  
After Care Plan

## **ADDICTION EDUCATION**

Addiction Education/Awareness provides information regarding the impact of addictions on the spiritual, emotional, physical, and mental health of the individual, family, and community.

## **CULTURE AND CEREMONY**

Counsellors coming from various nations share traditional values, teachings, and ceremonies in all program components. Each day begins and ends with smudging and prayer. Sweat lodge and Blanket and Pipe Ceremonies introduce and reinforce the concept of sacredness by means of traditional culture. Counsellors and Cultural teachers from different nations use traditional story telling to share practical knowledge and wisdom.

Our treatment model is *holistic*, based on the Whole Person. We believe every person has the right to live a sober life. For that reason, the harm-reduction model is neither endorsed nor encouraged by NWHC.

## **VISITATION**

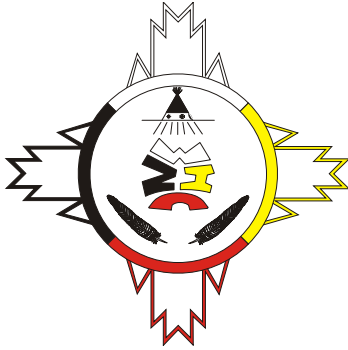
Family members, friends, and Referral workers will only be allowed on the premises for the graduation ceremony, which is the last day of the program.

## **ADULT PROGRAM**

Participants must be 19 years of age or older to attend NWHC. Although our program is co-ed, we do not accept couples in the same intake. They must attend different intakes individually. We encourage and give priority to pregnant women and persons with suicidal tendencies.

**PRIOR TO SUBMITTING AN INTAKE PACKAGE PLEASE ENSURE PARTICIPANT MEETS THE FOLLOWING CRITERIA:**

- Participant attends a minimum of 4 counselling sessions prior to the program intake.
- Participant abstains from alcohol for a minimum of 14 days prior to the intake.
- Date of last use of alcohol? \_\_\_\_\_
- Participant abstains from drugs for a minimum of 14 days prior to the intake.
- Date of last use of drugs? \_\_\_\_\_
- If participant is on probation or parole, a letter from the probation/parole officer, stating the conditions of probation/parole and expected reporting requirements of the participant during the 45-day duration of intake, is required.
- Participant has no outside commitments during the 45-day intake. (e.g. court appearances, lawyer's, Doctor's appointments, etc.)
- Participant has read and understands this intake package.
- Participant has completed all forms in this intake package.
- Participant has committed to completing the 45-day program.
- Participant is aware of the list of necessary items to bring.
- Participant is aware of the rules and regulations of the North Wind Healing Centre.
- Participant has met all of the above criteria for admittance.



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## ADMISSION CRITERIA

All referral agents and potential participants applying for admission are advised as follows:

1. Participants must be alcohol and drug free for a minimum of 14 days prior to admission (Detox recommended).
2. North Wind Healing Centre (NWHC) is a narcotic/codeine free zone, unless prescribed by a medical professional. NWHC staff will confiscate all medications at intake. All OTC (over the counter) medication is prohibited.
3. All prescription medication must be in the original bottle and will be verified for numbers, contents, date, and physician's name.
4. Participants must arrive with an adequate supply of authorized prescription without any need for refills during the 45-day treatment cycle.
5. If medication or lack of medication interferes with the program, the participant will be discharged.
6. Participants must have a complete physical/medical exam prior to admission. The pre-admission medical report must include current medical documentation of a clinically diagnosed mental or physical illness that corresponds with the current prescribed medication. Please include medication history of all current prescribed medication.
7. It is the sole responsibility of the referral worker to ensure that a complete intake package, including application, medical, and TB test results, is received by NWHC before any confirmation letters are sent out.
8. Participants need to bring clothing for sweat lodge ceremony (women - long skirt/flannel nightgown, men - shorts).
9. Participants are expected to supply their own tobacco, personal hygiene products (soap, shampoo, conditioner, feminine hygiene products, toothpaste, toothbrush, body lotion, hand cream, etc.) and seasonally appropriate clothing for a northern climate. It is also recommended that participants bring some spending money and a swimsuit.
10. Return transportation arrangements are to be made prior to intake.
11. If the participant is going to need North Wind staff to pick them up from, or deliver them to, the bus depot or airport in Dawson Creek, there will be a fee of \$100. North Wind must receive a cheque in this amount prior to intake.

## RULES AND REGULATIONS

Welcome to NWHCS. The following rules and regulations are put into place with your safety, well-being, and health foremost in mind. Treat each person, her or his property, views, opinions and, belief system with respect. Treat others as you wish to be treated yourself. We teach others how to treat us. Treat yourself with respect and others will follow your example.

1. **ADMINISTRATION OFFICE IS OFF LIMITS**
2. **Any type of oppression: racism, sexual discrimination or harassment, religion, faith or belief intolerance will not be condoned and will be dealt with immediately.**
3. No swearing. Swearing at another person is lateral/verbal abuse. Habitual swearing is a learned behavior and can be unlearned. It is not deemed as abuse unless it is intended to offend others.
4. Mandatory N.A. meetings starting week two.
5. Mandatory A.A. meetings starting week two.
6. Outings are scheduled for evenings, after the first week (at the discretion of the Counsellor on-duty). No participant may stay behind at the centre; all stay or all go (unless authorized by the on-duty Counsellor). **No participant is to leave the premises without consent of the counsellor on-duty.**
7. Turn off lights when leaving a room. Turn off stereo and television if no one else is watching/listening. Do not remove the stereo from the session room.
8. **No phone calls are allowed. No cell phones or incoming/outgoing faxes are permitted.** Staff will take incoming calls. Messages will be given in a timely fashion. If a response is deemed critical/urgent (by staff), a return call may be made. Write letters (stamps, envelopes, and paper are provided). Mail will be taken to the post office on Tuesdays and Fridays. Emails are to be written and read from your personal account, eg. Hotmail, Yahoo. Once a week, starting the second week of the program, you will have access to Internet in the library for this purpose.

**Exceptions to the phone rule are:**

- **The last Friday of intake, one 10 minute-maximum may be made.**
- **Employment Insurance.**
- **Pre-approved parole/probation telephone appointments.**
- **Family emergencies (emergencies are defined by the on-duty counsellor).**

9. Group sessions:

- are mandatory
- hats/bandanas or sunglasses are not to be worn in session. (If articles of clothing are worn for religious purposes, please provide the telephone number of spiritual leader or elder to verify this)
- no one is to leave during session without permission.

10. TV viewing is allowed after the evening meal and all chores are completed.

Television is off at 10 p.m. weekdays (Sunday through Thursday). **Watching television is a privilege not a right.**

11. There will be no wake-up calls given to participants unless requested. It is the participant's responsibility to be on time for morning session.

12. Lights out:                    Sunday - Thursday 11:00pm  
    Friday - Saturday 12:30 am

13. Absolutely no intimate relationships allowed.

14. Products containing alcohol, paraphernalia, and other articles that will be confiscated or held upon intake are:

- prescription medication and all OTC (over-the-counter) medication
- anything with the flammable/explosive symbol on it
- shoe polish, fingernail polish
- mouth wash, mouth/breath sprays
- perfumes, colognes, after-shaves
- aerosol cans
- knives, sharp implements
- pornographic material (any sex-related magazines depicting sexually explicit pictures or articles of clothing with sexually explicit or demeaning words or pictures on them)

- drug or alcohol culture clothing (articles of clothing carrying marijuana leaves, beer labels etc. pictures and/or slogans,)
- no hand held video games, cd players, walk-mans, mp3 players, Ipods, DVD players, laptops, or cell phones. Music is allowed only in the session room.

**We take your recovery seriously.** Anything may be confiscated if the participant's issues warrant it, (razors, nail files, and tweezers etc. for slashing, stabbing or self mutilation). **Any medication bought on an outing must be turned in to the on-duty Counsellor.**

15. Participant use of any motorized tools or equipment belonging to NWHC is forbidden without direct permission for use from the staff Maintenance person. This directive includes the use of any hand tools, such as an axe for chopping wood.

16. No visitors are allowed during the treatment program, except for the graduation ceremony held on the last day, when family and friends are welcome to participate.

17. Walks are only permitted at the discretion of on-duty counsellor, provided participants go in groups of at least three. **No participants are allowed to walk on the Alaska Highway.**

18. No sleeping on the couch: day dozing or over night.

19. Participants are expected to clean up after themselves. Participants are expected to make their beds daily and keep their rooms tidy. Chores will be designated and rotated on a weekly basis. Participants are expected to complete chores in a timely manner. Two persons for dishes. Chores are to be completed before 7:00 pm. **Staff will not do dishes or other chores.**

20. Minimize laundry/shower time (we have water delivered). Limit showers to 5 minutes; no baths unless as a therapeutic intervention designated by the on-duty Counsellor. The sauna is available for use on Saturday evenings after the evening meal (unless otherwise designated by the on-duty counsellor as a therapeutic intervention). Only one person is allowed in the sauna at a time.

21. Laundry days are Wednesday and Saturdays 7:00 am to 10:00 pm only. Wednesdays are for linens and Saturdays are for personal clothing.

22. **Staff will not buy tobacco products for participants.** Participants may buy their own on outings; let the on-duty counsellor know to facilitate the extra stop.
23. Conflict resolution, no she said/he said. Differences of opinion will be dealt with by the following protocol.
- a. Go to the person in question: another participant, staff, Counsellor. If you have a concern with a counsellor, address that Counsellor, **not another**.
  - b. If the issue cannot be resolved with the other person in a respectful manner, ask for a mediator.
  - c. If you feel that the mediation is not effective, call a reconciliation circle.
  - d. If the reconciliation circle is not effective, participants (as a last resort) are encouraged to write their concerns in a letter to the Executive Director. Paper and envelope will be provided. Give the letter to the Counsellor on-duty. It will be hand delivered to the Executive Director. The Executive Director will address the issue after a thorough investigation and her/his recommendation is **final**.
24. Being present for the morning smudge, night smudge and sharing circle, and sweat lodge ceremonies is mandatory.
25. Disposable razors only; do not share your personal razor with others. We follow universal blood rules. This is for your/our protection.
26. No smoking in dorms or buildings. Smoking is permitted in the designated areas only. Please dispose of your cigarette butts in the cans provided for this purpose. Do not throw them on the ground.
27. No candles or incense are allowed in the dorms or buildings.
28. Unless pre-approved arrangements are made (Participant and Executive Director/Counsellor will make this decision together), no certificate of attendance will be issued for those participants choosing to leave prior to graduation.
29. Meals will be taken together at the dining room table, not in other rooms
30. Room checks may occur at the discretion of the on-duty counsellor.
31. Disposable gloves are to be worn by all participants when preparing any food in the kitchen. A warning will be given for non-compliance the first time and a strike given for any further non-compliance.
32. Causes for immediate dismissal are: three strikes, shoplifting, physical violence, or verbal abuse towards staff.

**Breach of these rules can result in immediate dismissal from the treatment program. The Three strikes rule is applicable for minor breaches, after which you are eligible for dismissal from the program.**

Signed this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

I \_\_\_\_\_ understand that by signing this document I can be held accountable for my actions.

Participant: \_\_\_\_\_

Witness: \_\_\_\_\_

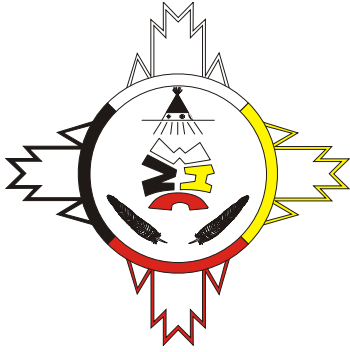
## CONFLICT-RESOLUTION PROCEDURE FOR PARTICIPANTS

All of our staff members are committed to professional conduct, fostering open communication and easy dialogue with participants in the various stages of the recovery program. However, recognizing that even in the best of environments conflicts occur, the NWHC has established a process for resolving potential grievances. This process is to be entered with as little delay as possible.

In keeping with the spirit of resolving conflicts properly, the NWHC in Farmington, BC. has adopted the following procedures:

- STEP 1      Where there is a concern or disagreement on the part of a participant, the person shall attempt to come to a satisfactory solution with the involved party, whether she or he is a fellow participant, facilitator, instructor, or counsellor.
  
- STEP 2      If Step 1 is not successful both parties at the same time should use the services of a third person who will be another member of the Staff. This person must be chosen by mutual agreement of the two persons involved in the concern; she/he will serve as an impartial mediator to attempt a resolution.
  
- STEP 3      If Steps 1 and 2 are not successful, the mediator who attempted to resolve the dispute will call a reconciliation circle.
  
- STEP 4      If Steps 1, 2, and 3 do not produce a result that is satisfactory to either party, a final appeal can be made to the Executive Director of NWHC. The decision of the Executive Director will be binding on both parties. This final step might mean that the matter goes through the Board of Directors of the NWHCS.

The aim of this procedure is to provide a favourable solution and to foster a learning opportunity for those involved in the conflict. It will also avoid unnecessary “red tape” for management.



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## ADMISSION APPLICATION

Participant and Referral Agent are to fill out this form in its entirety. Please fill in all the blanks using black ink.

Referral Worker: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Fax No. (\_\_\_\_) \_\_\_\_\_

Funding Agent: please check one

- NNADAP
- PROVINCIAL MENTAL HEALTH
- SOCIAL SERVICES MINISTRY
- REGIONAL CORRECTIONS
- OTHER

\_\_\_\_\_  
*(Please specify)*

Participant Treatment Summary Report to be sent to the following address:

\_\_\_\_\_  
(Name) (Street/(City/town) (Province) (Postal Code)

## PARTICIPANT INFORMATION

\_\_\_\_\_  
(Last name) (First name) (Initial) D.O.B: \_\_\_\_\_  
Day Mo. Yr.

Treaty No. \_\_\_\_\_

Health Care No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Status \_\_\_ Non-Status \_\_\_

Métis \_\_\_ Inuit \_\_\_

Other \_\_\_

Participant Phone No. \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_

Marital Status:      Single \_\_\_\_              Married \_\_\_\_              Common-Law \_\_\_\_  
                                 Divorced \_\_\_\_              Separated \_\_\_\_              Widowed \_\_\_\_

Legal Status:      Probation Order \_\_\_\_              Trial/Charges Pending \_\_\_\_  
                                 Family Court Order \_\_\_\_              Pre-Trial Conditions \_\_\_\_  
                                 Alternative Sentencing \_\_\_\_

Other (Specify): \_\_\_\_\_  
\_\_\_\_\_

**IF PARTICIPANT IS ON PROBATION:**

Probation Officer's Name: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

**(A photocopy of the full legal order(s) must be enclosed with intake application)**

Education:      Last Grade Completed \_\_\_\_              GED \_\_\_\_              Post Secondary \_\_\_\_

Did participant attend:      Boarding school \_\_\_\_              Public off-Reserve \_\_\_\_

Public on-Reserve \_\_\_\_      Residential school \_\_\_\_              Home schooling \_\_\_\_

Treatment Centers Previously Attended:

North Wind Healing Centre: Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Please list any others: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT STATUS:**

Occupation \_\_\_\_\_

Unemployed \_\_\_\_              Laid off \_\_\_\_              Other (Explain) \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Contact:

\_\_\_\_\_ (First name) (Last name)

Relationship: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

**SUBSTANCES USED BY PARTICIPANT IN THE PAST YEAR:**

(Please circle all that apply)

Alcohol, Marijuana/Hashish, LSD/PCP/Mescaline/Ecstasy, Cocaine/Crack, Methamphetamine (speed), Crystal Meth, Mushrooms, Prescription drugs, OTC Drugs, Heroin, Methadone, Speedballs, Inhalants, Bay rum/Lysol/Vanilla/etc.

Other (Explain) \_\_\_\_\_

**PROCESS ADDICTIONS:**

Yes \_\_\_ No \_\_\_ (If yes, please check what applies): Gambling (inc. Bingo) \_\_\_  
Shopping \_\_\_ Prescription Drugs \_\_\_ Other (such as internet, computer gaming, sex, food, etc.) \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

Is participant willing to participate in daily Smudge, Sweat lodge Ceremony, Pipe Ceremony, etc.? Yes \_\_\_ No \_\_\_

Does the participant have any allergies to:

- medication? Yes \_\_\_ No \_\_\_  
(If yes, specify) \_\_\_\_\_
- food? Yes \_\_\_ No \_\_\_  
(If yes, specify) \_\_\_\_\_
- bee stings Yes \_\_\_ No \_\_\_

Is the participant diabetic? Yes\_\_\_\_ No\_\_\_\_

Does the participant require a special diet? Yes\_\_\_\_ No\_\_\_\_

(If yes, specify)\_\_\_\_\_

Does the participant have a medical condition/physical limitation/learning disability?

Yes\_\_\_\_ No\_\_\_\_

(If yes, specify)\_\_\_\_\_

Does the participant have challenges with:

(a) reading? Yes\_\_\_\_ No\_\_\_\_

(b) writing? Yes\_\_\_\_ No\_\_\_\_

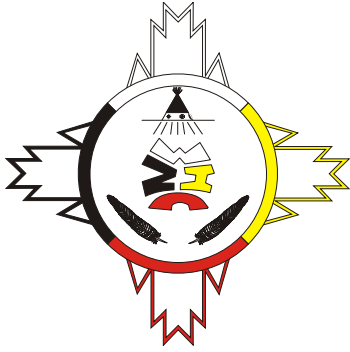
Did the participant's birth mother consume alcohol during her pregnancy with the participant?

Yes\_\_\_\_ No\_\_\_\_  
Don't Know \_\_\_\_

Has the participant been mandated to attend a treatment facility by:

(a) employer? Yes\_\_\_\_ No\_\_\_\_

(b) MCFD? Yes\_\_\_\_ No\_\_\_\_



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## REFERRAL WORKER'S ASSESSMENT

Please indicate specific needs for the participant in each of the following areas. (Please use black ink only.)

### SPIRITUAL:

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### EMOTIONAL:

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### PHYSICAL:

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**MENTAL:**

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**SOCIAL:**

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**FAMILY:**

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**PARTICIPANT RELAPSE PATTERN:**

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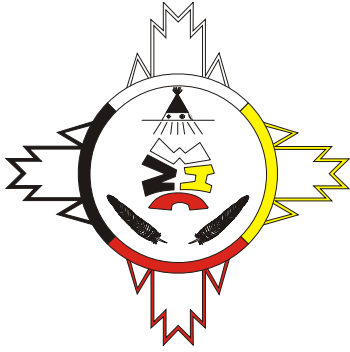
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## PRE-ADMISSION MEDICAL

This information is mandatory. Please print in black ink:

PARTICIPANT'S NAME: \_\_\_\_\_  
(Last name) (First name)

ADDRESS: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(Province) (Postal Code)

PHONE No. (\_\_\_\_\_) \_\_\_\_\_ STATUS No. \_\_\_\_\_

PERSONAL HEALTH CARE No. \_\_\_\_\_

### CONSENT TO RELEASE OF INFORMATION

I, \_\_\_\_\_, Hereby Request and Permit

Dr. \_\_\_\_\_ to Release Medical

Information Pertaining to Me to North Wind Healing Centre and to the Referral Agent  
Acting on my Behalf.

## TO THE EXAMINING PHYSICIAN:

The above applicant is being considered for admission to the North Wind Healing Centre, which is an Addictions Treatment Program. All applicants must complete a full Medical including TB tests. These must be completed prior to their acceptance for admission, as the Centre works on a first come, first serve basis. This is an intensive 45-day-program designed to assist people who recognize that alcohol and/or drug use has interfered and had a negative impact on their lives. The intensity of our program requires that participants are mentally and physically capable of participating in 8 to 12 hours of programs per day. Participants attending our program must be free from the use of all psychoactive medications including painkillers, sleeping pills, tranquilizers, and opiates for a minimum of two weeks prior to admission into our program.

If you are in doubt regarding any of these requirements, please feel free to contact the North Wind Healing Centre at (250) 843-6977.

**NOTE:** TB screening in the form of a Skin Test and/or Chest X-Ray is required. Tests done within the last 12 months are acceptable unless there has been known contact with an active case. We require a copy of the TB results.

### PLEASE CIRCLE:

Yes\_\_\_ No\_\_\_ Are you the applicant's regular physician?

Yes\_\_\_ No\_\_\_ Is the applicant on prescribed psychoactive agents (antidepressants, tranquilizers, sleeping pills, etc.) If yes, please state what medication the applicant has been prescribed and why.

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Yes\_\_\_ No\_\_\_ Does the applicant have any communicable disease(s)? If yes, please specify.

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Yes\_\_\_ No\_\_\_ Does the applicant have a psychiatric and/or suicidal history? Please indicate applicant's current mental status.

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Yes\_\_\_ No\_\_\_ Has the applicant been diagnosed with FASD or any counterparts?

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## FUNCTIONAL INQUIRY AND PHYSICAL EXAM

Date participant last used psychoactive drugs: \_\_\_\_\_

Please list ALL medication the participant is currently taking, the reason why they are taking this medication, and how long they have been on it? (Use a separate piece of paper if needed) \_\_\_\_\_

### ALLERGIES:

Yes\_\_\_\_ No\_\_\_\_

If Yes, please specify: \_\_\_\_\_

If allergic to bees, please provide an Epi-Pen

### SKIN:

Yes\_\_\_\_ No\_\_\_\_

Scabies

Yes\_\_\_\_ No\_\_\_\_

Impetigo

Yes\_\_\_\_ No\_\_\_\_

Lice

### EENT:

Yes\_\_\_\_ No\_\_\_\_

Hearing loss

Yes\_\_\_\_ No\_\_\_\_

Impaired vision

### CHEST:

Yes\_\_\_\_ No\_\_\_\_

Asthma

Yes\_\_\_\_ No\_\_\_\_

Chronic cough

Yes\_\_\_\_ No\_\_\_\_

S.O.B. (shortness of breath)

Yes\_\_\_\_ No\_\_\_\_

Previous TB

### HEART:

Yes\_\_\_\_ No\_\_\_\_

CHF

Yes\_\_\_\_ No\_\_\_\_

Angina

Yes\_\_\_\_ No\_\_\_\_

Previous Endocarditis

### GASTRIC INTESTINAL:

Yes\_\_\_\_ No\_\_\_\_

Ulcers

Yes\_\_\_\_ No\_\_\_\_

Reflux

Yes\_\_\_\_ No\_\_\_\_

Dyspepsia

### UTI:

Yes\_\_\_\_ No\_\_\_\_

Frequent UTI.

Yes\_\_\_\_ No\_\_\_\_

Prostatism

### MENSTRUAL:

Yes\_\_\_\_ No\_\_\_\_

LMP

Yes\_\_\_\_ No\_\_\_\_

Pregnant

Yes\_\_\_\_ No\_\_\_\_

EDC

**TB SCREEN:**

Ppd date: \_\_\_\_\_ Pos \_\_\_\_\_ Neg \_\_\_\_\_  
Cxr date: \_\_\_\_\_ Pos \_\_\_\_\_ Neg \_\_\_\_\_

**Please provide a copy of the TB test results.**

B/P: \_\_\_\_\_

Are you aware of any current medical problems requiring follow-up while applicant is in treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide prescription if necessary:

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S INFORMATION:**

M.D. NAME (Please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(Province) (Postal Code)

PHONE No. (\_\_\_\_\_) \_\_\_\_\_ FAX No (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_