

# Yuasni Tipi Family Treatment Centre

## Application Package



YUASNI TIPI FAMILY TREATMENT CENTRE  
P.O Box 1775 Wahpeton Dakota Nation 94B,  
Prince Albert, SK, S6V 5T3  
Telephone: 306-953-7279  
Fax: 306-764-3052  
Email: [Intake@yuasni.ca](mailto:Intake@yuasni.ca)



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## Referral Agent Cover Sheet

### Family Information

Parent Name:	
Parent Name:	
Community:	
1. Child Name:	DOB:
2. Child Name:	DOB:
3. Child Name:	DOB:
3. Child Name:	DOB:
4. Child Name:	DOB:
5. Child Name:	DOB:
6. Child Name:	DOB:
7. Child Name:	DOB:

**Comments/Additional Information:**

---



---

**Mode of Travel: Private (Family/Friend)/Medical Taxi:**

For office use only:

Suite Assigned :

Family Photo



P.1



## **APPLICATION PACKAGE**

### **YUASNI TIPI FAMILY TREATMENT CENTRE**

**INTRODUCTION:** Yuasni Tipi Family Treatment Centre is a 7-week residential program and can accommodate up to 8 families. We are located on the lands of the Wahpeton Dakota Nation near Prince Albert, Saskatchewan. The word Yuasni means “healing” in the Dakota language. At Yuasni Tipi Family Treatment Centre we recognize the significance of culture as it relates to healing and is emphasized in our programs. We honour all familial structures, and we will respectfully provide guidance and support throughout your stay.

The topics covered but not limited to, are as follows:

- ▲ Elder’s Teachings and Ceremony
- ▲ Embracing Traditional Knowledge, Beliefs, Values and Culture
- ▲ Land Based Healing
- ▲ Traditional Parenting, Traditional Roles and Responsibilities
- ▲ Pre-contact, Contact & Colonization
- ▲ Residential School Trauma & Healing
- ▲ Re-connection to Self and Family Through the Tipi Teachings
- ▲ Emotions Management & Healing Through Art
- ▲ Impacts of Grief & Addictions
- ▲ Resiliency and Healing

The 7 Sacred Teachings are introduced throughout the 7 weeks and provide the foundation for your healing.

Lastly, the families you are admitted with are the families you will complete with as we will not have any new families admitted during these 7 weeks.

We kindly ask that your family is free from all medical, legal, financial, internet banking or personal appointments during your stay at Yuasni Tipi Family Treatment Centre. Urgent medical matters will be the only exception.



**Please make sure the following documents are completed before submitting application to the Yuasni Tipi Family Treatment Center. Applications that are incomplete will be set aside until all documents are received.** Once a family has been accepted, they will receive a letter indicating their admission date and then they can send in a CPIC/VS check. If a family is not accepted, a letter will be sent explaining this as well.

- CPIC (Criminal Record Check/Vulnerable Sector Check) For those 18 years and over, Only.
- Adult Application (1 for each parent/guardian)
- Child/Youth Application (1 for each child/youth)
- Substance Use History
- Legal History and Supporting Documentation (probation orders/list of charges)
- Medical History (include mental health assessment, if applicable)
- Tuberculosis Assessment
- Adult Medical Form (1 for each parent/guardian)
- Child Medical Form (1 for each child)
- Youth Medical Form (1 for each youth)
- Printout of current medication list
- Referral Agent Contact Information
- Signed Release of Discharge Summary Report
- Photocopy of Health Card with a valid/current sticker attached
- Signed acknowledgement of Yuasni Tipi Family Treatment Centre Program Guidelines

If further information is required, please contact the **Intake & Discharge Coordinator** at 1-306-953-7279



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
Intake Phone: 306-953-7279, Fax: 306-764-3052  
Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**REFERRAL AGENT INFORMATION**

Referral Agent Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long have you been involved with these family members?  
\_\_\_\_\_

To this point, how have you been involved in the family members recovery?  
\_\_\_\_\_  
\_\_\_\_\_

Has the parent / youth (circle one) attended any intervention activities, cultural/traditional ceremonial activities or events in your community? Yes / No

If yes provide details and dates.

Where? \_\_\_\_\_ When? \_\_\_\_\_

In your opinion, what are the most important areas these family members need to address during treatment?  
\_\_\_\_\_

What services will you provide related to continuing care and treatment aftercare upon program completion?  
\_\_\_\_\_

In your opinion, what is motivating these family members to seek treatment at this time?  
\_\_\_\_\_

Are there any other services currently involved in trying to assist these family members? (please list)  
\_\_\_\_\_



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**REFERRAL AGENT INFORMATION cont...**

Has the parent(s) / youth(s) been referred to and denied treatment at any other centre? Yes / No

Please explain

---



---



---

**PLEASE ENSURE THAT IF THE FAMILY IS FROM OUT OF PROVINCE THAT THEY BRING ENOUGH PRESCRIBED MEDICATION TO LAST THROUGH THEIR TREATMENT STAY. IF THEY ARE FROM SASKATCHEWAN, THEY CAN BRING 2 WEEKS SUPPLY AND HAVE THEIR PRESCRIPTION TRANSFERRED TO PRINCE ALBERT PRIOR TO ADMISSION. THE MEDICATION MUST BE BUBBLE-WRAPPED AND LABELED APPROPRIATELY WITH THE FAMILY MEMBER'S NAME AND DOSAGE. NO EXCEPTIONS.**

---

Who is completing this application?

Referral Agent with Client     Referral Agent Only     Client only

**REFERRAL AGENT OATH:**

*I certify that the information contained in sections is true to the best of my knowledge.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**P.5**

**(A)**

(Referral Agent: review with family, Pg. 4 of 6)



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**REFERRAL AGENT INFORMATION cont...**

*If you, the Referring Agent, would like to receive a Discharge Summary Report of the family, please have parent(s) provide their authorizing signature in the following section. All Discharge Summary Reports will be e-mailed to the address you provided in the Referral Agent information section.*

I, \_\_\_\_\_ & \_\_\_\_\_ hereby, give my/our  
**Parent(s) Names** (print)

**permission to have my designated counsellor at Yuasni Tipi Family Treatment Centre to release my Discharge Summary Report to:**

\_\_\_\_\_  
**Referral Agent Name** (print)

**ALL INFORMATION IS CONFIDENTIAL, in accordance with relevant statutes.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
Intake Phone: 306-953-7279, Fax: 306-764-3052  
Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**YUASNI TIPI FAMILY TREATMENT CENTRE provides for each FAMILY MEMBER:**

Meals - Any special dietary needs will be accommodated if our cook is made aware. If any allergies, please inform the cook as well.

Bedding: sheets, pillows, blankets are provided. If you wish to bring an extra blanket or pillow, please feel free to do so.

Towels: towels and face cloths are provided but you can bring extra towels and wash cloths.

Laundry: there is a washer and dryer on site. HE laundry soap and fabric softener are provided; each family is provided with a laundry basket. PLEASE DO NOT BRING BLEACH/JAVEX.

Hygiene: soap, shampoo, conditioner, lotion, pads/tampons, toothpaste, toothbrushes, disposable shavers. \*hair dye **not** allowed as well as nail polish and nail polish remover.

**List of items that families will need to bring:**

Sweat Lodge Ceremony – flannel gowns/sweat shorts, extra towels

Traditional & Ceremonial wear for all women (full length dresses/long skirts/wrap around) to be worn on Cultural days. Please do not worry if you do not have these items as we will be making Ribbon Skirts during your stay.

Other – indoor shoes, slippers, swim wear, beach towels etc.

REMINDER: All clothing, towels, bedding will be washed upon admission for health and safety.

FAMILIES ARE ENCOURAGED TO BRING CRAFT SUPPLIES FOR ACTIVITIES SUCH AS BEADING/SEWING, ETC. IF YOU WISH TO BRING A MUSICAL INSTRUMENT, PLEASE DISCUSS WITH THE INTAKE COORDINATOR FIRST.

Please return completed Intake Package to:

Email: [intake@yuasni.ca](mailto:intake@yuasni.ca) or Fax: 306-764-3052





P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



### Participation Contract

We, \_\_\_\_\_ and \_\_\_\_\_,  
 (Name of Mother/Guardian) PRINT (Name of Father/Guardian) PRINT

Will actively participate and will ensure the active participation of our children in all healing related activities as developed with the staff of the Yuasni Tipi Family Treatment Centre including:

- \* Traditional ceremonies
- \* Daily group sessions
- \* Daily life skills lessons
- \* Weekly family sessions
- \* Weekly individual sessions
- \* Academic lessons
- \* Recreation activities
- \* Daily sacred spaces cleaning
- \* Cultural activities
- \* Event outings

Signatures:

\_\_\_\_\_  
 Mother / Guardian

\_\_\_\_\_  
 Father / Guardian

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**P.8**

**(A1)**



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**RELEASE OF INFORMATION FOR MY CHILD(REN)/YOUTH**

We, \_\_\_\_\_ and \_\_\_\_\_ give permission for the release of:  
 (Name of Mother) (Name of Father)

Academic Information
Medical Information
Optical Information
Dental Information
Child & Family Services Information
Legal
Other (specify):

for our children, namely:

FIRST	MIDDLE	LAST	DOB: MONTH	DAY	YEAR

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with medical treatment in an emergency. I also understand that I can withdraw or amend my consent to the release/request of information at any time. All information is **Confidential**, in accordance with relevant statutes. Consent for the release of information to the Yuasni Tipi Family Treatment Centre will be effective for a six-month period following the date of signature.

**Signatures:**

\_\_\_\_\_  
 Mother/Guardian                      Father/Guardian                      Date

\_\_\_\_\_  
 Witness                      Witness                      Date

**P.9 (A2)**



## HOUSE GUIDELINES

Yuasni Tipi Family Treatment Centre House Guidelines are to help you and your family live in harmony with yourselves and others.

### ALCOHOL & DRUGS

1. Family members are not to consume alcohol/drugs or other over-the-counter mind-altering substances such as (cough medications with sleep aids, energy drinks, etc. while attending the Yuasni Tipi Family Treatment Centre. This includes not participating in gambling, lottery tickets, etc., or any other process addictions. **Breaking of this guideline will result in immediate discharge from the program.**
2. All medications are to be turned into the Intake & Discharge Coordinator on admission.
3. Do not enter drinking or gambling establishments during your treatment program.
4. Bags will be checked upon admission and discharge. Bags will be labelled and placed in storage. All clothes will be placed in bins and washed, including clothes you are wearing. Your family members will be provided other clothes to change into while you await your clothes to be laundered. Please ensure you hand in all your medication to staff upon arrival. Also, please make sure you have thoroughly checked your bags prior to arriving at Yuasni Tipi Family Treatment Centre to ensure they are free from any items not permitted at Yuasni Tipi Family Treatment Centre.
5. **If drugs/alcohol or other banned items are brought into the centre, all necessary procedures will be followed, and an immediate discharge will occur.**

### PASSES

Are not provided as we want your focus to remain on your healing journey. The only exceptions are emergencies.

### WALKS

1. For your family's safety & security walks are to be taken within the fenced in area of Yuasni Tipi Family Treatment Centre.
2. Walks are with your family group only.
3. Staff will take you to local walking trails during land-based healing activities: hunting, gathering and outings on the land.

### TELEPHONE CALLS

1. Upon admission there will be a 7-day period where families will focus on becoming familiar and comfortable in their new surroundings. During this 7-day period there will be no outside phone calls permitted.
2. Messages will be given to your assigned counsellors and provided to families once the 7-day period has passed.
3. Families can receive or make calls when all programming is completed. Phone calls end at 10:30 pm.
4. Business calls (after 7-day period ends) are to be made during the day are at the discretion of the counselor. Families are to make the calls in the designated phone area.
5. Phone calls are limited to 15 minutes per call (if there is no other person to make a call you can extend your call). Failure to follow this rule will result in loss of phone privileges.



### **VISITORS:**

ALL VISITORS WILL REQUIRE A CRIMINAL RECORD & VULNERABLE SECTOR CHECK FOR THE SAFETY & SECURITY OF ALL FAMILIES AT YUASNI TIPI FAMILY TREATMENT CENTRE. Visits can begin on the 2<sup>nd</sup> weekend after arriving at Yuasni Tipi Family Treatment Centre. Visiting hours are Sundays: 1pm-4pm. All visits must be pre-arranged with your Counsellor. Please ensure that your visitors check in with front reception on arrival. Visitors can visit in designated visiting areas only. Do not enter visitor's vehicles.

### **HEALTH & SAFETY**

1. All medication must be bubble-wrapped and appropriately labelled, no exceptions. Please advise your pharmacist of this very important safety factor.
2. All medication must be handed-in to staff upon your arrival. Medication times are as follows:  
8:00 am – 8:15am  
11:00 am – 11:15 am  
4:30 pm – 4:45 pm  
8:30 pm – 8:45 pm
3. Regular bathing/showering is required by all family members.
4. Laundry hours are 5pm - 10pm. The last wash-load is 9pm to allow the dryer to finish by 10pm.
5. Use only the beds you are assigned. Keep bed covers (mattress protectors, sheets, blankets) on beds.
6. Showing respect by making your beds and cleaning your sleeping areas (sacred spaces) each morning is encouraged.
7. Regular daily Shared Spaces (sacred spaces) cleaning is assigned to your family. An Opportunity for Growth Meeting will be arranged to discuss why your sacred space cleaning is delayed or not completed.
8. Walking only, in building, for safety reasons.
9. Do not invite others into your suites or enter another family's suite.
10. Other family's personal belongings must never be touched.
11. Lock your Sacred Space (Suite) when your family is away from room.
12. Please inform the parents if a child is misbehaving. If a parent isn't available inform a counsellor.  
Discipline only your children.
13. Upon completion of the treatment program, you are required to do a major clean-up of your rooms. A detailed clean-up list is available in the Evening/Night staff office.

### **WEEKDAY SCHEDULE (Sunday night through Saturday)**

1. First wake-up call 7:15am, Second 7:30 am. You can advise staff by placing your "Quiet Time" sign on door if you do not need a wake-up call (or for any other time that you wish not to be disturbed).
2. Breakfast should be completed by no later than 8:00 am.
3. Sacred Spaces Cleaning is to be completed by 8:30 am.
4. Smudge and Prayer will be at 8:30 pm and are encouraged to attend with your family.
5. You must be in the building by 10:00 pm.
6. Be in your suites by 10:30 pm and lights out/dimmed at 11:00 pm. The TV is to be turned off at 10:30 pm, Mon-Thur. On Fridays 11pm and Saturdays, 2:00 am.
7. You must participate in all sessions and be on time to benefit from each session, including self-help group meetings and any outings that are scheduled. Missing any sessions or being late will result in an **opportunity for growth meeting**. If behaviour continues a possible discharge from the Yuasni Tipi Family Treatment Program.
8. TV will be available after sacred spaces cleaning and programming is completed.
9. To maintain the cleanliness of your Sacred Space (Suites); eating and drinking must be done in the dining room only.



### **WEEKEND SCHEDULE (Saturday night through to Sunday night)**

1. Saturday rise & shine at 8:00 am. 1 parent must be with child(ren) if they want to come out of your suite.
2. Sunday rise & shine by 11:00 am. 1 parent must be with child(ren) if they want to come out of your suite.
3. There are scheduled program sessions on the weekend.
4. Visiting hours for outside family/guests are Sundays 1pm-4pm. If there is any programming missed as a result of this visit you will have the opportunity to take part at a later date.

### **SWEAT LODGE CEREMONY DAYS**

1. Sweat Lodge ceremony attendance is optional, if you choose to attend there will be a Sweat Lodge Ceremony Sign-up Sheet.
2. Those that do not attend will be provided another option, this includes children/youth.
3. T.V. room will be accessible after the Sweat Lodge Ceremony is completed and chores are done.
4. Phones will be accessible after the Sweat Lodge Ceremony is completed and chores are done.

### **OPPORTUNITY FOR GROWTH MEETING:**

1. Family members will be provided 2 Opportunities for Growth Meetings, to be able to express reasons for their behaviour.
2. Non-negotiable Guidelines
  - a. Possession or consumption of alcohol and/or drugs (i.e.. Non-approved medication while in treatment.)
  - b. Physical assault or violence against staff and/or other clients.
  - c. Damage (intentional) to Yuasni Tipi Family Treatment Centre Property.
  - d. Suspicion of relationship or intimacy.
  - e. Excessive swearing.
  - f. Being in visitor's vehicles.

### **OTHER**

1. When on outings at pow wows, round dances, etc. you are a spectator and must not be working/selling items for your own personal gain.
2. **You must arrange for cheque deposits, etc before coming to the Yuasni Tipi Family Treatment Centre.**
3. Room changes are by request and availability only, please discuss with your counsellor. The Intake Coordinator will then be notified of your request.  
\*Always knock on the door of a family's suite and communicate from the doorway only. Do not enter their suites.



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
Intake Phone: 306-953-7279, Fax: 306-764-3052  
Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## PROGRAM GUIDELINES ACKNOWLEDGEMENT

THIS IS TO CONIRM I HAVE REVIEWED AND UNDERSTAND THE YUASNI TIPI FAMILY TREATMENT CENTRE PROGRAM GUIDELINES AND I AGREE TO FOLLOW THEM AS INDICATED BY MY SIGNATURE BELOW.

---

Client Signature

---

Date

---

Referral Agent Signature

---

Date



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**YUASNI TIPI Family Treatment Program**

**Adult Application (18 years and over) (1 PER ADULT)**

**CONFIDENTIAL**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: Box # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: (d/m/y) \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Sin # \_\_\_\_\_

Health Card #: \_\_\_\_\_ 10-digit Treaty # \_\_\_\_\_

Name of First Nation \_\_\_\_\_

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

Emergency contact name: \_\_\_\_\_ Phone # \_\_\_\_\_

**EDUCATION**

- |                                                |                                                    |                                                   |
|------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Literate              | <input type="checkbox"/> Less than Grade 8         | <input type="checkbox"/> Completed post-secondary |
| <input type="checkbox"/> Illiterate            | <input type="checkbox"/> Completed high school     | <input type="checkbox"/> Some post-secondary      |
| <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Not completed high school |                                                   |

**SUBSTANCE ABUSE HISTORY**

Substance Used:

- |                                        |                                           |                                              |
|----------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Alcohol       | <input type="checkbox"/> Inhalants        | <input type="checkbox"/> Prescription Drugs  |
| <input type="checkbox"/> Marijuana     | <input type="checkbox"/> Heroin           | <input type="checkbox"/> Morphine            |
| <input type="checkbox"/> Crack cocaine | <input type="checkbox"/> Talwin & Ritalin | <input type="checkbox"/> <b>Crystal Meth</b> |
| <input type="checkbox"/> Cocaine       | <input type="checkbox"/> Ecstasy          | <input type="checkbox"/> Other               |

Which is your drug of choice? \_\_\_\_\_

What is your pattern of use (please circle): Daily / Binges / Weekly / Week ends / other



Which of the following have been negatively affected by your use?

- School Attendance                       Legal Situation  
 Family Relationships                       Psychological Health  
 Physical Health                               other (please explain) \_\_\_\_\_  
 Employment

Is there any history of drug use in your family of origin? Yes / No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been an IV drug user?    Yes / No    Type \_\_\_\_\_

As of today, when was the last use of any substance? \_\_\_\_\_

What type? \_\_\_\_\_ How much? \_\_\_\_\_

What is the longest period you have been able to stay free of substances? \_\_\_\_\_

When? \_\_\_\_\_

List the reasons you feel you were able to remain clean that length of time:

\_\_\_\_\_

\_\_\_\_\_

**If changing your lifestyle becomes uncomfortable for you, how prepared are you to continue treatment?**

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking treatment now?

to get children back     as a requirement of my employer     court ordered (see legal)

Other, please explain \_\_\_\_\_

Have you attended treatment previously? Yes / No

If yes, please list all:

When? \_\_\_\_\_ Where? \_\_\_\_\_





P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



Did you or any member of your family attend a residential school? Yes / No

Please indicate who attended and years attended, if available:

Other agencies (i.e. Social Services) are you presently involved with that may provide continued support to you when you complete treatment?

May we involve these agencies in your case planning? Yes / No

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LEGAL HISTORY**

What is your current legal status?

Not applicable  Probation

Probations officer name: \_\_\_\_\_ Phone# \_\_\_\_\_

\*Have you ever been charged/convicted of a crime? Yes / No

\*\* If yes please list convictions and dates:

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

*\*CLIENTS MUST BE FREE FROM ANY LEGAL APPOINTMENTS (EG: PROBATION/COURT APPEARANCES, ETC.) DURING THEIR TREATMENT STAY.*

*\*\*A FORMAL LIST OF PAST CONVICTIONS MUST BE INCLUDED IN THIS APPLICATION*

Were you under the influence of any substance at the time of the above crimes? Yes / No



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**GENERAL INFORMATION:**

How do you feel about attending this treatment program? \_\_\_\_\_

\_\_\_\_\_

In what ways has substance use affected your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How has alcohol or drugs impacted your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your needs or expectations of this program? \_\_\_\_\_

\_\_\_\_\_

Have you used in the last week?  Yes  No

Have you used in the last month?  Yes  No

Have you used in the last six months?  Yes  No

Can you provide any further information that would be helpful to us during your treatment stay with us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If female, are you currently pregnant?  Yes  No

Has there been any substance use that has taken place during your pregnancy?  Yes  No

Are there any medical concerns that we should be aware of? \_\_\_\_\_

Are you prone to slipping, tripping or falling?  Yes  No



**MEDICATIONS NOT PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE: (Adult- 18 yrs+)**

*(provide non-psychoactive/mood-altering medications)*

**OPIOID PAIN MEDICATIONS:**

- Gabapentin
- Morphine (Kadian)
- Fentanyl
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, Oxyneo)
- Codeine & Codeine containing products (Tylenol 1, 2, 3, 4)
- **Buprenorphine (Butrans, Suboxone\*)**
- Meperidine (Demerol)
- Tramadol (Zytram, Ralivia, Tridural)
- Pentazocine (Talwin)
- **Methadone (Metadol, Methadose)**
- Florinal Plane ¼ or ½
- Levo-Dromoran
- Darvon (Propoxyphene)
- Percodan
- Leritine
- Nabilone

*Suboxone/Methadone will be accepted only if your physician has indicated you are on a stable maintenance dose.*

**ALL BENZODIAZEPINES:**

- |                       |                            |           |                        |
|-----------------------|----------------------------|-----------|------------------------|
| Alprazolam (Xanax)    | Chlordiazepoxide (Librium) | Tuinal    | Bromazepam (Lectopam)  |
| Clonazepam (Rivotril) | Lorazepam (Ativan)         | Seconal   | Clorazepate (Tranxene) |
| Zopiclone (Imovanel)  | Oxazepam (Serax)           | Temazepam | Diazepam (Valium)      |
| Triazolam (Halcion)   | Flurazepam (Dalmane)       |           | Nitrazepam (Mogadon)   |

**PSYCHO-STIMULANTS:**

- Dextroamphetamine (Dexedrine)
- Amphetamine Mixed Salts (Adderall XR)
- Amphetamine Mixed Salts (Adderall XR)
- Lisdexamfetamine (Vyvanse)
- Methylphenidate (Ritalin, Biphentin, Concerto)
- Modafinil (Alertec)

**MUSCLE-RELAXANTS:**

- Robaxisal
- Robaxacet
- Parafon
- Flexeril

**MISCELLANEOUS:**

- Varenicline(Champix)
- Nabilone (Cesamet)
- Dronabinol (Marinol)
- Medical Marijuana's THC/CBD Oil

**OVER THE COUNTER MEDICATIONS:**

Cough syrup containing alcohol, codeine, and antihistamines

**SEDATING ANTIHISTAMINES:**

- Gravol
- Actifed
- Dimetapp
- Chlortripion
- Benadryl or product containing diphenhydramine

**MEDICATIONS PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE:**

**PAIN MEDICATIONS:(Medication must be bubble packaged)**

Aspirin (ASA) - Ibuprofen - Advil - Midol - Acetaminophen

**ALLOWED ONLY BY PRESCRIPTION: \* Sublocade injection**

- Tryptan
- Buspirone (Buspar)
- Toradol

**ANTIDEPRESSANTS SAFE WITH PROPER USE AND BY PRESCRIPTION ONLY:**

- |                         |                         |                       |
|-------------------------|-------------------------|-----------------------|
| • Elavil                | • Serzone (Nefazodone)  | • Trazodone (Desyrel) |
| • Trazodone (Desyrel)   | • Desipramine           | • Paxil (Paroxetine)  |
| • Paxil (Paroxetine)    | • Effexor (Venlafaxine) | • Luvox (Fluvoxamine) |
| • Bupropion             | • Zoloft (Sertraline)   | • Mirtazapine         |
| • Morex                 | • Prozac (Fluoxetine)   | • Bupropion           |
| • Seroquel (Quetiapine) |                         |                       |

**MIGRAINES:** Imitrex

**NON-SEDATING ANTIHISTAMINES:** \* Seldane \* Claritin \* Hismanal

**SLEEP AIDS:**

- |                   |                    |                    |
|-------------------|--------------------|--------------------|
| • Epsom Salt      | • Melatonin        | • Lavender Oil     |
| • Calcium (333mg) | • Magnesium(167mg) | • Vitamin D3 (5mg) |





P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## TUBERCULOSIS ASSESSMENT- ADULT (18 + YRS)

**Must be completed by a Physician or Registered Nurse**

As a prerequisite before participating in the residential treatment program, each family member must have a TB assessment and/or TB Screening done.

### SIGNS & SYMPTOMS

Has this ADULT experienced any of the following symptoms in the past three months?

Symptoms:	Yes	No	Date Started	How long did it last?
Pain with breathing				
Cough				
If cough, productive?				
Hemoptysis				
Weight loss				
Fever				
Night sweats				
Fatigue				
Lymphadenopathy				
Asymptomatic for tuberculosis				

Has the ADULT ever had TB?      Yes                      No

If yes, when (y/m/d)                      \_\_\_\_\_      Where?      \_\_\_\_\_

Has the ADULT ever taken medication(s) for TB?      Yes                      No

Please list medication:

**P.20**

**(D)**

(ADULT 18+ YRS MEDICAL INFO P. 7 OF 10)



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



If no, TB Testing is recommended for this patient, please explain:

**Tuberculosis Screen:**

Please ensure that TB testing has been completed and that the results are forwarded to Yuasni Tipi Family Treatment Center.

Has tuberculosis testing been recommended for this adult?    Yes            No

Date of test: \_\_\_\_\_

Results:    Negative                      Positive

Chest X-ray (if applicable):    Yes            No            Results: \_\_\_\_\_

Prophylaxis (if applicable): \_\_\_\_\_                      Date Started: \_\_\_\_\_

Physician/RN \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_                      Fax: \_\_\_\_\_



**ADULT - Maladaptive Behaviours: (Complete for each person 18+ YRS.)**

<i>BEHAVIOUR</i>	<i>Circle one</i>	<i>Circle one</i>	<i>DETAILS</i>
Aggressive to caregiver	Yes	No	
Difficulty with authority	Yes	No	
Theft	Yes	No	
Cruelty to animals	Yes	No	
Fire Setting	Yes	No	
Bed Wetting	Yes	No	
Inappropriate Sex Acts	Yes	No	
Justice System contact	Yes	No	
School Absences	Yes	No	
Violent Outbursts	Yes	No	
Miscarriage	Yes	No	
Self-mutilation	Yes	No	
Suicidal Ideations	Yes	No	
Vandalism	Yes	No	
Aggressive to children	Yes	No	
Interrupted Pregnancy	Yes	No	

**Addictive Behaviours: (Complete for each ADULT over the age of, 18 yrs)**

<b>BEHAVIOUR</b>	<b>CHRONIC</b>	<b>EXPERIMENTAL</b>	<b>BINGE</b>	<b>RECREATIONAL</b>	<b>START OF USE</b>
Gambling					
Illegal Drugs (list)					
Prescription Drugs (list)					
Alcohol					
Solvents					
Cigarettes					
Other (list):					
Other (list):					



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**MEDICAL HISTORY**

PLEASE ENSURE THAT IF YOUR FAMILY IS TAKING PRESCRIBED MEDICATION OF ANY KIND AND ARE FROM OUT OF PROVINCE THAT THEY ARRIVE AT THE CENTER WITH ENOUGH MEDICATION TO LAST THROUGH THEIR TREATMENT STAY, IF FROM IN PROVINCE THEN A SUPPLY OF 2 WEEKS IS SUFFICIENT. PLEASE TRANSFER YOUR PRESCRIPTION TO A PRINCE ALBERT PHARMACY.

ALL MEDICATION MUST BE PRESCRIBED BY A DOCTOR TO YOUR CLIENT. PRESCRIPTIONS THAT DO NOT HAVE YOUR CLIENT'S NAME ON THEM, OR PRESCRIPTIONS THAT DO NOT MATCH THE LABEL, WILL NOT BE GIVEN TO YOUR CLIENTS. ALL MUST BE BUBBLE-PACKED. NO EXCEPTIONS.

**Risk Behaviors:**

Have you exhibited any of the following risk behaviors?

- Self Harm (cutting/burning etc.)
- Suicide (Thoughts or attempts)
- Property Damage (Personal, Home or Community)
- Physical Harm to Others (People or Animals)
- Conflict with the Law
- Other \_\_\_\_\_

**Psychological History:**

Have you experienced or been exposed to any of the following:

Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Depression (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Death/Grief and Loss
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Panic (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Phobias (Irrational fears of certain objects or situations) (clinical diagnosis or ...)
<input type="checkbox"/>	<input type="checkbox"/>	Abuse (Physical, Emotional, Mental, Spiritual, Sexual)
<input type="checkbox"/>	<input type="checkbox"/>	Relationships at Home
<input type="checkbox"/>	<input type="checkbox"/>	Relationships at School
<input type="checkbox"/>	<input type="checkbox"/>	Drugs (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Violence or Anger (clinical diagnosis or own assessment of self)
<input type="checkbox"/>	<input type="checkbox"/>	Suicide: if yes, please include a MENTAL HEALTH ASSESSMENT
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty at School
<input type="checkbox"/>	<input type="checkbox"/>	Psychosis

Additional comments:

---



---





P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## Youth Application (13 - 17 years)

CONFIDENTIAL

*\*\*\*This form is to be completed by parent and youth\*\*\**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: (dd/mm/yy) \_\_\_\_\_ Age \_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of First Nation: \_\_\_\_\_

10-digit Treaty #: \_\_\_\_\_ Health card #: \_\_\_\_\_

Care giver (if not parent) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Current Living Status:**

With Parents   
  With Relatives   
  With Friend  
 Foster Home   
  With Boyfriend/Girlfriend   
  Alone  
 Grandparents   
  Group Home/Youth Facility

**Educational History:**

Is your son/daughter currently attending school:  Yes  No

School attending: \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal Name: \_\_\_\_\_

\*Note: There will be a teacher on site, please bring the appropriate materials your child may need.



## Youth Application (13 - 17 years)

### Legal History:

Do you have any current legal issues:  Yes  No

Have you had any legal issues in the past?  Yes  No

### Psychological History:

Has your son/daughter experienced or been exposed to any of the following challenges:

Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Death/Grief and Loss
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Panic
<input type="checkbox"/>	<input type="checkbox"/>	Phobias (Irrational fears of certain objects or situations)
<input type="checkbox"/>	<input type="checkbox"/>	Abuse (Physical, Emotional, Mental, Spiritual, Sexual)
<input type="checkbox"/>	<input type="checkbox"/>	Relationships at Home
<input type="checkbox"/>	<input type="checkbox"/>	Relationships at School
<input type="checkbox"/>	<input type="checkbox"/>	Drugs
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	<input type="checkbox"/>	Violence or Anger
<input type="checkbox"/>	<input type="checkbox"/>	Suicide
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty at School



## Youth Application (13 - 17 years)

Additional comments:

---

---

### Risk Behaviors:

Has your youth exhibited any of the following risk behaviors?

Self Harm

Suicide (Thoughts or attempts)

Property Damage (Personal, Home or Community)

Physical Harm to Others (People or Animals)

Conflict with the Law

Other \_\_\_\_\_

### Other Interests:

Does your youth enjoy any of the following:

sports

crafts

reading

music

drawing/painting

board games

other \_\_\_\_\_



## Youth Application (13 - 17 years)

### General Information:

How do you feel about attending this treatment program?

---

---

In what ways has substance use affected your family?

---

---

How has alcohol or drugs impacted your life?

---

---

What would you like to get out of this program?

---

Are you currently or have you used alcohol or drugs in the past?  Yes  No

---

Have you used in the last week?  Yes  No

Have you used in the last month?  Yes  No

Have you used in the last six months?  Yes  No

Can you provide any further information that would be helpful to us during your treatment stay with us?

---

---



**MEDICATIONS NOT PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE: (Youth- 13-17 yrs)**

*(provide non-psychoactive/mood-altering medications)*

**OPIOID PAIN MEDICATIONS:**

- Gabapentin
- Morphine (Kadian)
- Fentanyl
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, Oxyneo)
- Codeine & Codeine containing products (Tylenol 1, 2, 3, 4)
- **Buprenorphine (Butrans, Suboxone\*)**
- Meperidine (Demerol)
- Tramadol (Zytram, Ralivia, Tridural)
- Pentazocine (Talwin)
- **Methadone (Metadol, Methadose)**
- Florinal Plane ¼ or ½
- Levo-Dromoran
- Darvon (Propoxyphene)
- Percodan
- Leritine
- Nabilone

*Suboxone/Methadone will be accepted only if your physician has indicated you are on a stable maintenance dose.*

**ALL BENZODIAZEPINES:**

- |                       |                            |           |                        |
|-----------------------|----------------------------|-----------|------------------------|
| Alprazolam (Xanax)    | Chlordiazepoxide (Librium) | Tuinal    | Bromazepam (Lectopam)  |
| Clonazepam (Rivotril) | Lorazepam (Ativan)         | Seconal   | Clorazepate (Tranxene) |
| Zopiclone (Imovanel)  | Oxazepam (Serax)           | Temazepam | Diazepam (Valium)      |
| Triazolam (Halcion)   | Flurazepam (Dalmane)       |           | Nitrazepam (Mogadon)   |

**PSYCHO-STIMULANTS:**

- Dextroamphetamine (Dexedrine)
- Amphetamine Mixed Salts (Adderall XR)
- Amphetamine Mixed Salts (Adderall XR)
- Lisdexamfetamine (Vyvanse)
- Methylphenidate (Ritalin, Biphentin, Concerto)
- Modafinil (Alertec)

**MUSCLE-RELAXANTS:**

- Robaxisal
- Robaxacet
- Parafon
- Flexeril

**MISCELLANEOUS:**

- Varenicline(Champix)
- Nabilone (Cesamet)
- Dronabinol (Marinol)
- Medical Marijuana's THC/CBD Oil

**OVER THE COUNTER MEDICATIONS:**

Cough syrup containing alcohol, codeine, and antihistamines

**SEDATING ANTIHISTAMINES:**

- Gravol
- Actifed
- Dimetapp
- Chlortripion
- Benadryl or product containing diphenhydramine

**MEDICATIONS PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE:**

**PAIN MEDICATIONS:(Medication must be bubble packaged)**

Aspirin (ASA) - Ibuprofen - Advil - Midol - Acetaminophen

**ALLOWED ONLY BY PRESCRIPTION: \* Sublocade injection**

- Tryptan
- Buspirone (Buspar)
- Toradol

**ANTIDEPRESSANTS SAFE WITH PROPER USE AND BY PRESCRIPTION ONLY:**

- |                         |                         |                       |
|-------------------------|-------------------------|-----------------------|
| • Elavil                | • Serzone (Nefazodone)  | • Trazodone (Desyrel) |
| • Trazodone (Desyrel)   | • Desipramine           | • Paxil (Paroxetine)  |
| • Paxil (Paroxetine)    | • Effexor (Venlafaxine) | • Luvox (Fluvoxamine) |
| • Bupropion             | • Zoloft (Sertraline)   | • Mirtazapine         |
| • Morex                 | • Prozac (Fluoxetine)   | • Bupropion           |
| • Seroquel (Quetiapine) |                         |                       |

**MIGRAINES:** Imitrex

**NON-SEDATING ANTIHISTAMINES:** \* Seldane \* Claritin \* Hismanal

**SLEEP AIDS:**

- |                   |                    |                    |
|-------------------|--------------------|--------------------|
| • Epsom Salt      | • Melatonin        | • Lavender Oil     |
| • Calcium (333mg) | • Magnesium(167mg) | • Vitamin D3 (5mg) |





## TUBERCULOSIS ASSESSMENT- YOUTH (13 YRS - 17 YRS)

**Must be completed by a Physician or Registered Nurse**

As a prerequisite before participating in the residential treatment program, each family member must have a TB assessment and/or TB Screening done.

### SIGNS & SYMPTOMS

Has this YOUTH experienced any of the following symptoms in the past three months?

Symptoms:	Yes	No	Date Started	How long did it last?
Pain with breathing				
Cough				
If cough, productive?				
Hemoptysis				
Weight loss				
Fever				
Night sweats				
Fatigue				
Lymphadenopathy				
Asymptomatic for tuberculosis				

Has the YOUTH ever had TB?      Yes                      No

If yes, when (y/m/d)                      \_\_\_\_\_      Where?      \_\_\_\_\_

Has YOUTH ever taken medication(s) for TB?      Yes                      No

Please list medication:



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



If no, TB Testing is recommended for this patient, please explain:

**Tuberculosis Screen:**

Please ensure that TB testing has been completed and that the results are forwarded to Yuasni Tipi Family Treatment Center.

Has tuberculosis testing been recommended for this child?      Yes      No

Date of test: \_\_\_\_\_

Results:    Negative                  Positive

Chest X-ray (if applicable):    Yes      No      Results: \_\_\_\_\_

Prophylaxis (if applicable): \_\_\_\_\_                  Date Started: \_\_\_\_\_

Physician/RN \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_      Fax: \_\_\_\_\_





**YOUTH - Maladaptive Behaviours: (Complete for each person 13-17 YRS.)**

<i>BEHAVIOUR</i>	<i>Circle one</i>	<i>Circle one</i>	<i>DETAILS</i>
Aggressive to caregiver	Yes	No	
Difficulty with authority	Yes	No	
Theft	Yes	No	
Cruelty to animals	Yes	No	
Fire Setting	Yes	No	
Bed Wetting	Yes	No	
Inappropriate Sex Acts	Yes	No	
Justice System contact	Yes	No	
School Absences	Yes	No	
Violent Outbursts	Yes	No	
Miscarriage	Yes	No	
Self-mutilation	Yes	No	
Suicidal Ideations	Yes	No	
Vandalism	Yes	No	
Aggressive to children	Yes	No	
Interrupted Pregnancy	Yes	No	

**Addictive Behaviours: (Complete for each YOUTH over the age of, 13 - 17 yrs)**

<b>BEHAVIOUR</b>	<b>CHRONIC</b>	<b>EXPERIMENTAL</b>	<b>BINGE</b>	<b>RECREATIONAL</b>	<b>START OF USE</b>
Gambling					
Illegal Drugs (list)					
Prescription Drugs (list)					
Alcohol					
Solvents					
Cigarettes					
Other (list):					
Other (list):					



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## Child Application (0 – 12 years)

### CONFIDENTIAL

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: (dd/mm/yy) \_\_\_\_\_ Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Name of First Nation: \_\_\_\_\_

10-digit Treaty #: \_\_\_\_\_ Health card #: \_\_\_\_\_

Care giver (if not parent) Name: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

### Child's Current Living Status:

With Parents     
  With Relatives     
  Grandparents  
 Foster Home     
  Group Home     
  Youth Facility

### Educational History:

School attending: \_\_\_\_\_ Grade \_\_\_\_

Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Note:** There will be a teacher or tutor on site, please bring the appropriate materials your child may need.

### Behavioral Description:

Please provide a brief description of your child's strengths and/or challenges:

---



---



---



**Psychological History:**

Has the child experienced or been exposed to any of the following challenges:

Past	Present	
_____	_____	Depression
_____	_____	Death/Grief and Loss
_____	_____	Anxiety
_____	_____	Panic
_____	_____	Phobias (Irrational fears of certain objects or situations)
_____	_____	Abuse (Physical, Emotional, Mental, Spiritual, Sexual)
_____	_____	Relationships at Home
_____	_____	Relationships at School
_____	_____	Drugs
_____	_____	Alcohol
_____	_____	Violence or Anger
_____	_____	Suicide
_____	_____	Difficulty at School

Additional comments:

---



---



---



---



---



---



---





Please provide a copy of patient's CURRENT MEDICATION LIST and review the NOT PERMITTED/permitted MEDICATION LIST.

**MEDICATIONS NOT PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE:** *(provide non-psychoactive/mood-altering medications)* Child 0-12 YRS

**OPIOID PAIN MEDICATIONS:**

- Gabapentin
- Morphine (Kadian)
- Fentanyl
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, Oxyneo)
- Codeine & Codeine containing products (Tylenol 1, 2, 3, 4)
- **Buprenorphine (Butrans, Suboxone\*)**
- Meperidine (Demerol)
- Tramadol (Zytram, Ralivia, Tridural)
- Pentazocine (Talwin)
- **Methadone (Metadol, Methadose)**
- Florinal Plane ¼ or ½
- Levo-Dromoran
- Darvon (Propoxyphene)
- Percodan
- Leritine
- Nabilone

*Suboxone/Methadone will be accepted only if your physician has indicated you are on a stable maintenance dose.*

**ALL BENZODIAZEPINES:**

- |                       |                            |           |                        |
|-----------------------|----------------------------|-----------|------------------------|
| Alprazolam (Xanax)    | Chlordiazepoxide (Librium) | Tuinal    | Bromazepam (Lectopam)  |
| Clonazepam (Rivotril) | Lorazepam (Ativan)         | Seconal   | Clorazepate (Tranxene) |
| Zopiclone (Imovanel)  | Oxazepam (Serax)           | Temazepam | Diazepam (Valium)      |
| Triazolam (Halcion)   | Flurazepam (Dalmane)       |           | Nitrazepam (Mogadon)   |

**PSYCHO-STIMULANTS:**

- Dextroamphetamine (Dexedrine)
- Amphetamine Mixed Salts (Adderall XR)
- Amphetamine Mixed Salts (Adderall XR)
- Lisdexamfetamine (Vyvanse)
- Methylphenidate (Ritalin, Biphentin, Concerto)
- Modafinil (Alertec)

**MUSCLE-RELAXANTS:**

- Robaxisal
- Robaxacet
- Parafon
- Flexeril

**MISCELLANEOUS:**

- Varenicline(Champix)
- Nabilone (Cesamet)
- Dronabinol (Marinol)
- Medical Marijuana's THC/CBD Oil

**OVER THE COUNTER MEDICATIONS:**

Cough syrup containing alcohol, codeine, and antihistamines

**SEDATING ANTIHISTAMINES:**

- Graval
- Actifed
- Dimetapp
- Chlortripion
- Benadryl or product containing diphenhydramine

**MEDICATIONS PERMITTED AT YUASNI TIPI FAMILY TREATMENT CENTRE:**

**PAIN MEDICATIONS:(Medication must be bubble packaged)**

Aspirin (ASA) - Ibuprofen - Advil - Midol - Acetaminophen

**ALLOWED ONLY BY PRESCRIPTION: \* Sublocade injection**

- Tryptan
- Buspirone (Buspar)
- Toradol

**ANTIDEPRESSANTS SAFE WITH PROPER USE AND BY PRESCRIPTION ONLY:**

- |                         |                         |                       |
|-------------------------|-------------------------|-----------------------|
| • Elavil                | • Serzone (Nefazodone)  | • Trazodone (Desyrel) |
| • Trazodone (Desyrel)   | • Desipramine           | • Paxil (Paroxetine)  |
| • Paxil (Paroxetine)    | • Effexor (Venlafaxine) | • Luvox (Fluvoxamine) |
| • Bupropion             | • Zoloft (Sertraline)   | • Mirtazapine         |
| • Morex                 | • Prozac (Fluoxetine)   | • Bupropion           |
| • Seroquel (Quetiapine) |                         |                       |

**MIGRAINES:** Imitrex

**NON-SEDATING ANTIHISTAMINES:** \* Seldane \* Claritin \* Hismanal

**SLEEP AIDS:**

- Epsom Salt
- Calcium (333mg)
- Melatonin
- Magnesium(167mg)
- Lavender Oil
- Vitamin D3 (5mg)

**(E)**

(CHILD 0-12YRS Medical Info: P. 4 OF 9) **P.36**





P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



## TUBERCULOSIS ASSESSMENT – child (0-12 yrs)

**Must be completed by a Physician or Registered Nurse**

As a prerequisite before participating in the residential treatment program, all family members must have a TB assessment and/or TB Screening done.

### SIGNS & SYMPTOMS

Have child experienced any of the following symptoms in the past three months?

Symptoms:	Yes	No	Date Started	How long did it last?
Pain with breathing				
Cough				
If cough, productive?				
Hemoptysis				
Weight loss				
Fever				
Night sweats				
Fatigue				
Lymphadenopathy				
Asymptomatic for tuberculosis				

Have child ever had TB?

Yes

No

If yes, when (y/m/d)

Where?

\_\_\_\_\_

\_\_\_\_\_

Has child ever taken medication(s) for TB? Yes No

Please list medication:

\_\_\_\_\_

**P.38**

**(E)**

(Child - Medical Info: P. 6 of 9)







**CHILD - Maladaptive Behaviours: (Complete for each person 12 yrs. and under)**

<i>BEHAVIOUR</i>	<i>Circle one</i>	<i>Circle one</i>	<i>DETAILS</i>
Aggressive to caregiver	Yes	No	
Difficulty with authority	Yes	No	
Theft	Yes	No	
Cruelty to animals	Yes	No	
Fire Setting	Yes	No	
Bed Wetting	Yes	No	
Inappropriate Sex Acts	Yes	No	
Justice System contact	Yes	No	
School Absences	Yes	No	
Violent Outbursts	Yes	No	
Miscarriage	Yes	No	
Self-harm	Yes	No	
Suicidal Ideations	Yes	No	
Vandalism	Yes	No	
Aggressive to children	Yes	No	
Interrupted Pregnancy	Yes	No	

**Addictive Behaviours: (Complete for each child over the age of, 5 – 12 yrs.)**

<b>BEHAVIOUR</b>	<b>CHRONIC</b>	<b>EXPERIMENTAL</b>	<b>BINGE</b>	<b>RECREATIONAL</b>	<b>START OF USE</b>
Gambling					
Illegal Drugs (list)					
Prescription Drugs (list)					
Alcohol					
Solvents					
Cigarettes					
Other (list):					
Other (list):					



P.O Box 1775 Wahpeton Dakota Nation 94B, Prince Albert, SK, S6V 5T3  
 Intake Phone: 306-953-7279, Fax: 306-764-3052  
 Email: [intake@yuasni.ca](mailto:intake@yuasni.ca)



**For minors 12 yrs and under only**

Has a prenatal record and assessment record been completed for the mother of this child?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what risk factor (number) was assigned? \_\_\_\_\_

Briefly explain the nature of any identified risk factors (i.e. alcohol, drugs during pregnancy)

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

Was the postnatal follow up done for this child?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, briefly explain the findings and present health status of the child.

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

Name of Physician/RN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Medical Doctor or Nurse in Charge)

(Date)

**Office Stamp**

**P.41**

**(E)**

(Child Medical Info. P. 9 of 9)