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





Email: intake@yuasni.ca

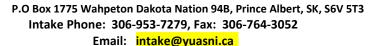
Referral Agent Cover Sheet

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	
<u>P.1</u>	

Yuasni Tipi Family Treatment Centre







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:

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

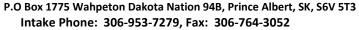
We kindly ask that your family is free from all medical, legal, financial, internet banking or personal appointments during your stay at Yuasni Tipi Family Treatment Centre. Urgent medical matters will be the only exception.

P.2

(A)

(Referral Agent: review with family, Pg. 1 of 6)







Email: intake@yuasni.ca

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.

they can send in a CPIC/ v3 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 <u>Supporting Documentation</u> (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

(A)

Yuasni Tipi Family Treatment Centre

<u>P.3</u>

Revised September 26th, 2024

(Referral Agent: review with family, Pg. 2 of 6)



Yuasni Tipi Family Treatment Centre



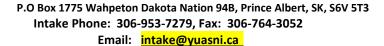
Revised September 26th, 2024

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

REFERRAL AGENT INFORMATION

Referral Agent Name		Position
Mailing Address:		
City	Prov	Postal Code
Phone	Fax	Email
How long have you been invo	olved with these family m	embers?
To this point, how have you b	een involved in the fami	ly members recovery?
activities or events in your co	mmunity? Yes / No	vention activities, cultural/traditional ceremonial
If yes provide details and date		
Where?	V	/hen?
In your opinion, what are the treatment?	most important areas the	ese family members need to address during
What services will you provid completion?	e related to continuing ca	are and treatment aftercare upon program
In your opinion, what is motive	ating these family memb	ers to seek treatment at this time?
Are there any other services	currently involved in tryir	ng to assist these family members? (please list)
<u>P.4</u>	(A)	(Referral Agent: review with family, Pg. 3 of 6)







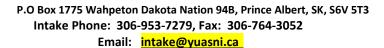
REFERRAL AGENT INFORMATION cont...

Has the parent(s) / youth(s) been re	eferred to and denied treatment	at any other centre?	Yes / No
Please explain			
PLEASE ENSURE THAT IF THE FAM PRESCRIBED MEDICATION TO LAS SASKATCHEWAN, THEY CAN BRING	T THROUGH THEIR TREATMEN 3 2 WEEKS SUPPLY AND HAVE	T STAY. IF THEY ARE F THEIR PRESCRIPTION	ROM
TRANSFERRED TO PRINCE ALBER WRAPPED AND LABELED APPROPE			
EXCEPTIONS.			
Who is completing this application?			
Referral Agent with Client	Referral Agent Only	Client only	
REFERRAL AGENT OATH:			
I certify that the information contain	ed in sections is true to the bes	t of my knowledge.	
Signature	Date		
<u>P.5</u>	(A)	(Referral Agent: review with family, F	'g. 4 of 6)

Yuasni Tipi Family Treatment Centre



Yuasni Tipi Family Treatment Centre





Revised September 26th, 2024

REFERRAL AGENT INFORMATION cont...

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

•	0	banahar airra mardarin
,	& Parent(s) Names (print)	hereby, give my/our
	e my designated counsello my <u>Discharge Summary Re</u>	r at Yuasni Tipi Family Treatment port to:
Referral Agent Na	me (print)	
ALL INFORMATIO	N IS CONFIDENTIAL, in acc	cordance with relevant statutes.
Parent Signature		Date
		Date
Parent Signature Parent Signature Witness Signature		



Email: intake@yuasni.ca

YUASNI TIPI FAMILY TREATMENT CENTRE provides for each FAMILY MEMBER:

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

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

<u>Towels:</u> towels and face cloths are provided but you can bring extra towels and wash cloths.

<u>Laundry:</u> 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.

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

List of items that families will need to bring:

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

<u>Traditional & Ceremonial wear</u> 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 or Fax: 306-764-3052

P.7 (A)

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



Yuasni Tipi Family Treatment Centre



Revised September 26th, 2024

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Participation Contract

We,	and ,
(Name of Mother/Guardian) PRINT	(Name of Father/Guardian) PRINT
Will actively participate and will ensure the active	tive participation of our children in all
	staff of the Yuasni Tipi Family Treatment Centre including:
* TP 1'.' 1 '	
* Traditional ceremonies	
* Daily group sessions * Daily life skills lessens	
* Daily life skills lessons * Weekly family sessions	
* Weekly individual sessions	
* Academic lessons	
* Recreation activities	
* Daily sacred spaces cleaning	
* Cultural activities	
* Event outings	
Event outings	
Signatures:	
Mother / Guardian	Father / Guardian
With a Surface of Surf	Tather / Guardian
Witness	Witness
Date	Date
	(A. 1)
<u>P.8</u>	(A1)





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RELEASE OF INFORMATION FOR MY CHILD(REN)/YOUTH

We,		and	me of Father)	give permissio	on for the release of:
(Nam	e of Mother)	(Na	me of Father)		
Acade	emic Information				
	cal Information				
	al Information				
	l Information				
	& Family Services I	nformation			
Legal					
Other	(specify):				_
for our childr	en, namely:				
FIRST	MIDDLE	LAST	DOB: MONTH	DAY	YEAR
hat I can with C onfidential	hdraw or amend my, in accordance with	consent to the rel relevant statutes.	with medical treatment in ease/request of information Consent for the release remarks are month period following the control of the control o	tion at any tine of information	ne. All information is on to the Yuasni Tipi
Mother/Guard	dian	Father/Gua	nrdian	Date	
		XX7*,			
Witness		Witness		Date	
Witness P.9		Witness	(A2)	Date	





Email: intake@yuasni.ca

HOUSE GUIDELINES

Yuasni Tipi Family Treatment Centre <u>House Guidelines</u> 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

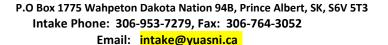
- 1. For your family's safety & security walks are to be taken within the fenced in area of Yuasni Tipi Family Treatment Centre.
- 2. Walks are with your family group only.
- 3. Staff will take you to local walking trails during land-based healing activities: hunting, gathering and outings on the land.

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.

P.10 (HOUSE GUIDELINES: Pg. 1 of 4)







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 2nd 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.

P.11 (HOUSE GUIDELINES: Pg. 2 of 4)





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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:

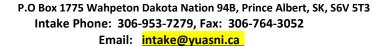
- 1. Family members will be provided 2 <u>Opportunities for Growth Meetings</u>, to be able to express reasons for their behaviour.
- 2. Non-negotiable Guidelines
 - a. Possession or consumption of alcohol and/or drugs (i.e., Non-approved medication while in treatment.)
 - b. Physical assault or violence 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 <u>only</u>. Do not enter their suites.

P.12 (HOUSEGUIDELINES P. 3 of 4)







PROGRAM GUIDELINES ACKNOWLEDGEMENT

THIS IS TO CONIRM I HAVE REVIEW TREATMENT CENTRE PROGRAM GUIDEL BY MY SIGNATURE BELOW.	
Client Signature	Date
Referral Agent Signature	Date

(B)

Yuasni Tipi Family Treatment Centre

<u>P.13</u>

Revised September 26th, 2024

(House Guidelines: Pg. 4 of 4)



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Revised September 26th, 2024

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YUASNI TIPI Family Treatment Program

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

	CONF	IDENTIAL
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 #:	1	0-digit Treaty #
Name of First Nation		
Marital Status: Single	Married S	eparated Divorced Common Law
Emergency contact name: _		Phone #
EDUCATION		
Literate Illiterate Needs some assistance	· · · · · · · · · · · · · · · · · · ·	Grade 8 Completed post-secondary high school Some post-secondary eted high school
SUBSTANCE ABUSE HIST	<u>FORY</u>	
Substance Used:		
Alcohol	Inhalants	Prescription Drugs
Marijuana	Heroin	Morphine
Crack cocaine	Talwin & Ritalin	Crystal Meth
Cocaine	Ecstasy	Other
Which is your drug of choice	e?	
What is your pattern of use	(please circle):	Daily / Binges / Weekly / Week ends / other
<u>P.14</u>	(0	(Adult Assessment: P. 1 of 10)





Email: intake@yuasni.ca

Which of the following have been	negatively affected by	your use?	
School Attendance	Legal Situation		
Family Relationships	Psychological H	ealth	
Physical Health	other (please ex	(plain)	
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 bee	en an IV drug user?	Yes / No	
As of today, when was the last use	e of any substance? _		
What type?		_ How much	?
What is the longest period you have	ve been able to stay fr	ee of substa	nces?
When?			
List the reasons you feel you were	e able to remain clean	that length o	f time:
If changing your lifestyle becomes un	comfortable for you, ho	w prepared ar	e you to continue treatment?
Why are you seeking treatment no	ow?		
to get children back	as a requirement of m	y employer	court ordered (see legal)
Other, please explain			
Have you attended treatment prev	viously?		Yes / No
If yes, please list all:			
When?	Where?		
<u>P.15</u>	(C)		(Adult Assessment: P. 2 of 10)





Email: intake@yuasni.ca

Did	you or any mem	ber of your	family attend	d 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? Yes / No May we involve these agencies in your case planning? 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 (C) P.16 (Adult Assessment: P. 3 of 10)





Email: 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 P.17 (C) (Adult Assessment: P. 4 of 10)



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Intake Phone: 306-953-7279, Fax: 306-764-3052





(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: MUSCLE-RELAXANTS: MISCELLANEOUS:

Robaxisal Varenicline(Champix) Dextroamphetamine (Dexedrine)

Amphetamine Mixed Salts (Adderall XR) Robaxacet

Amphetamine Mixed Salts (Adderall XR) Parafon Nabilone (Cesamet) Lisdexamfetamine (Vyvanse) Flexeril Dronabinol (Marinol) Methylphenidate (Ritalin, Biphentin, Concerto) Medical Marijuana's

THC/CBD Oil Modafinil (Alertec)

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
- Trazodone (Desyrel)
- Paxil (Paroxetine)
- Bupropion
- Morex
- Seroquel (Quetiapine)

Calcium (333mg)

- Serzone (Nefazodone)
- Desipramine
- Effexor (Venlafaxine)
- Zoloft (Sertraline)
- Prozac (Fluoxetine)
- Trazodone (Desyrel)
- Paxil (Paroxetine)
- Luvox (Fluvoxamine)
- Mirtazapine
- Bupropion

MIGRAINES: Imitrex **SLEEP AIDS:**

- **Epsom Salt**
- NON-SEDATING ANTIHISTAMINES: * Seldane * Claritin
- Melatonin
- Lavender Oil
- Vitamin D3 (5mg)

P.18 (D) (ADULT 18+ Medical Info. P.5 of 10)

Magnesium(167mg)

Yuasni Tipi Family Treatment Centre

Revised September 26th, 2024

* Hismanal





Email: intake@yuasni.ca

MEDICAL FORM - ADULT 18 yrs+

Each ADULT must have a form completed by a licensed physician or nurse practitioner.

Name:					
Last Name		Firs	t Name		Initial
Date of Birth (dd/mm/yyyy)		Health Card #.			
Physician Name:	First Name Initial				
Date this medical was completed					
Phone Number:		Fax Nu	umber:		
Todoo irraioato ir youtir io curront					
Tuberculosis	100	140	vviion and giv	ro dotallo il poo	OIDIO
Heart Disease	+				
Mental Illness	+				
Epilepsy					
Seizure's – other than Epilepsy					
High Blood Pressure					
Cancer					
Allergy					
Stroke					
Diabetes					
Emphysema or other lung disease					
HIV/AÍDS					
Hepatitis A B C	1				
Scabies	+				
Lice	+				
Pregnancy	+		I M P Day	/Mon /20	Live Rirths
Special Diet	+		L.IVI.I . Day_	/101011/20_	LIVE DITUIS
CURRENT MEDICATIONS	DC)SACE	DEASON/CO	MMENTS	
CURRENT MEDICATIONS		JSAGE	REASON/CC	VIVIIVIEN I 3	
			efit to the Moranii	Tini Family Tarak	
Please list any further information that yo	ou reei ma	ay be of ben	efit to the Yuashi	Tipi Family Treat	ment Centre.
				-414	T::: F 1
	aı agenc	y to release	e medical inform	ation to: Yuashi	TIPI Family Treatmen
Centre.					
0:			Data		
Signature			Date:		_
		(5)			
P.19		(D)		(ADULT 18+	MEDICAL INFO: P.6 of 10)
'uasni Tipi Family Treatment Centre				Revised Septem	ber 26 th , 2024





Email: 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 Sta	rted	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 TE	3?	Yes		No	
If yes, when (y/m/d)				Where?	
				_	
Has the ADULT ever taken	medicat	ion(s) f	or TB?	Yes	No
No. of the second					
Please list medication:					
<u>P.20</u>				(D)	(ADULT 18+ YRS MEDICAL INFO P. 7 OF 10)

Yuasni Tipi Family Treatment Centre





Email: intake@yuasni.ca

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

Tuberculosis Screen:					
	g has been	complet	ed and that t	he results	s are forwarded to Yuasni Tipi Family
Treatment Center.					
Has tuberculosis testing bee	n recomme	ended 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:	
P.21			(D)	1	(ADULT 18+ YRS MEDICAL: P.8 of 10)





Email: intake@yuasni.ca

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

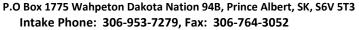
BEHAVIOUR	Circle one	Circle one	DETAILS
Aggressive to caregiver	Yes	No	
Difficulty with authority	Yes	No	
Theft	Yes	No	
Cruelty to animals	Yes	No	
Fire Setting	Yes	No	
Bed Wetting	Yes	No	
Inappropriate Sex Acts	Yes	No	
Justice System contact	Yes	No	
School Absences	Yes	No	
Violent Outbursts	Yes	No	
Miscarriage	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)

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

P.22 (ADULT 18+ YRS MEDICAL: P.9 of 10)







Revised September 26th, 2024

Email: intake@yuasni.ca

MEDICAL HISTORY

Yuasni Tipi Family Treatment Centre

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 <u>MUST</u> 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, <u>WILL NOT</u> BE GIVEN TO YOUR CLIENTS. ALL MUST BE BUBBLE-PACKED. NO EXCEPTIONS.

Risk Beh	aviors:		
Have you	exhibited any of	the following risk behaviors?	
Sui Pro Phy Cor Oth	sical Harm to Onflict with the Lav	or attempts) Personal, Home or Community) thers (People or Animals) N	
Have you	experienced or b	peen exposed to any of the following:	
Past	Present		
Additional	comments:	Depression (clinical diagnosis or own assessment of self) Death/Grief and Loss Anxiety (clinical diagnosis or own assessment of self) Panic (clinical diagnosis or own assessment of self) Phobias (Irrational fears of certain objects or situation Abuse (Physical, Emotional, Mental, Spiritual, Sexual Relationships at Home Relationships at School Drugs (clinical diagnosis or own assessment of self) Alcohol (clinical diagnosis or own assessment of self) Violence or Anger (clinical diagnosis or own assess Suicide: if yes, please include a MENTAL HEALTH A Difficulty at School Psychosis	f) ment of self)
P.23		(C) (ADUI	LT 18+ yrs MEDICAL P. 10 of 10)



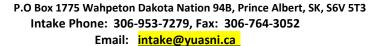


Email: intake@yuasni.ca

Youth Application (13 - 17 years)

	CONFIDE	INTIAL		
This form is to be complet	ed 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 o	card #:		
Care giver (if not parent) Nam	ne:			
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 currentl	y attending school: Yes	No		
School attending:			Grade	
Teacher Name:		Phone:		
Principal Name:				
*Note: There will be a teache	er on site, please bring the appro	priate materials your	child may need.	
<u>P.24</u>	(D)		(Youth	13-17 yrs- P. 1 of 4)







Youth Application (13 - 17 years)

P.25	(D)	(YOUTH 13-17 yrs – P. 2 of 4)
	Difficulty at School	
	Suicide	
	Violence or Anger	
	Alcohol	
	Drugs	
	Relationships at School	
	Relationships at Home	
	Abuse (Physical, Emotional, Mental, Spiritual, Sexual)	
	Phobias (Irrational fears of certain objects or situations)	
	Panic	
	Anxiety	
	Death/Grief and Loss	
	Depression	
Past Present		
Has your son/daughter experie	enced or been exposed to any of the following challenges:	
Psychological History:		
Have you had any legal issues i	n the past? Yes No	
Do you have any current legal i	issues: Yes No	
<u>Legal History:</u>		

Yuasni Tipi Family Treatment Centre

Revised September 26th, 2024





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

Youth Application (13 - 17 years)

Additional comm	ents:		
Risk Behavior	<u>'s:</u>		
Has your youth ex	khibited any of the following risk be	ehaviors?	
Self Harm			
Suicide (Th	oughts or attempts)		
Property D	amage (Personal, Home or Commu	inity)	
Physical Ha	arm to Others (People or Animals)		
Conflict wi	th the Law		
Other			_
Other Interes	<u>ts:</u>		
Does your youth	enjoy any of the following:		
sports	crafts	reading	
music	drawing/painting	board games	
other			_
<u>P.26</u>		(D)	(Youth 13-17 yrsP.3 of 4)

Yuasni Tipi Family Treatment Centre





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Email: intake@yuasni.ca

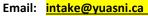
Youth Application (13 - 17 years)

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? P.27 (D) (Youth 13-17 yrs-P. 4 of 4)



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Intake Phone: 306-953-7279, Fax: 306-764-3052





(provide non-psychoactive/mood-altering medications)

OPIOID PAIN MEDICATIONS:

- Gabapentin
- Morphine (Kadian)
- Fentanyl
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, Oxyneo)
- Buprenorphine (Butrans, Suboxone*)
- Meperidine (Demerol)
- Tramadol (Zytram, Ralivia, Tridural)
- Pentazocine (Talwin)
- Methadone (Metadol, Methadose)
- Codeine & Codeine containing products (Tylenol 1, 2, 3, 4)

- 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: MUSCLE-RELAXANTS: MISCELLANEOUS:

Robaxisal Varenicline(Champix) Dextroamphetamine (Dexedrine)

Amphetamine Mixed Salts (Adderall XR) Robaxacet

Amphetamine Mixed Salts (Adderall XR) Parafon Nabilone (Cesamet) Lisdexamfetamine (Vyvanse) Flexeril Dronabinol (Marinol) Methylphenidate (Ritalin, Biphentin, Concerto) Medical Marijuana's

THC/CBD Oil Modafinil (Alertec)

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

MIGRAINES: Imitrex **SLEEP AIDS:**

- **Epsom Salt**
- Calcium (333mg)
- NON-SEDATING ANTIHISTAMINES: * Seldane * Claritin

 - Melatonin Magnesium(167mg)
- Lavender Oil Vitamin D3 (5mg)

P.28 (D) (YOUTH 13-17 YRS Medical Info. P.1 of 6)

Yuasni Tipi Family Treatment Centre

Revised September 26th, 2024

* Hismanal





Email: intake@yuasni.ca

MEDICAL FORM - YOUTH 13 yrs- 17yrs

Each YOUTH must have a form completed by a licensed physician or nurse practitioner.

Youth's Name:		Fire	t Name	 Initial
Last Name		1 113	t ivaille	IIIIIai
Date of Birth (dd/mm/yyyy)			Health Ca	rd #
Physician Name:		Phy	sician Signature	9
Date this medical was completed				
Phone Number:		Fax N	umber:	
Please indicate if youth is currentle	v beina	treated fo	r or if thev have	e a history of any of the following:
,	Yes	No		re details if possible
Tuberculosis			g.	- H-
Heart Disease				
Mental Illness				
Epilepsy				
Seizure's – other than Epilepsy				
High Blood Pressure				
Cancer				
Allergy				
Stroke				
Diabetes				
Emphysema or other lung disease				
HIV/AIDS				
Hepatitis A B C				
Scabies				
Lice				
			L.M.P. Day_	/Mon /20 Live Births
Pregnancy			L.IVI.F. Day_	/WOII/20 Live Birtiis
Special Diet	D.0	0405	DE A CONTOC	MARCHEO
CURRENT MEDICATIONS	DC	SAGE	REASON/CO	MIMENIS
Please list any further information that yo	ou feel ma	y be of ben	efit to the Yuasni ⁻	Гірі Family Treatment Centre.
I authorize the above physician/medic Centre.	al agenc	y to release	e medical informa	ation to: Yuasni Tipi Family Treatment
PARENT/GUARDIAN Signature _				Date:
P.29		(D)		(YOUTH 13-17 YRS MEDICAL INFO: P.2 of 5)
		(-)		(22 2
Yuasni Tipi Family Treatment Centre				Revised September 26 th , 2024







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 T	B?	Yes	No	
If yes, when (y/m/d)			Where?	
Has YOUTH ever taken me	edication	(s) for T	TB? Yes	No
Discouring the second second				
Please list medication:				
P.30			(D)	(YOUTH 13-17 YRS MEDICAL P. 3 OF 5)

Yuasni Tipi Family Treatment Centre





Email: intake@yuasni.ca

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

Tuberculosis Screen:						
Please ensure that TB tes Treatment Center.	sting has been	completo	ed and that t	he results	s are forwarded to Yuasni Tipi Family	
Has tuberculosis testing I	been recomme	ended for	this child?	Yes	No	
Date of test:						
Results: Negative	Positive					
Chest X-ray (if applicable): Yes	No	Results:			
Prophylaxis (if applicable):				Date Started:	
Address:						
Telephone:				Fax:		
						=
P.31			(D)	\	NOUTLAN AT VOCATORS AT A TO	
<u>r.31</u>			(0)		(YOUTH 13-17 YRS MEDICAL: P.4 of 5)	





Email: intake@yuasni.ca

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

BEHAVIOUR	Circle one	Circle one	DETAILS
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)

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

P.32	(D)	(Youth 13-17 yrs. Medical Info. P. 5 of 5)
<u> </u>	(<i>-</i>)	(10dti 15 17 yis: Wedical iiio: 1:5015)





Email: 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 St	atus:			
With Parents	With Relative	es _	Grandparents	
Foster Home	Group Home		Youth	Facility
Educational History:				
School attending:			Grade	
Teacher Name:	F	Phone:		
*Note: There will be a teacher	or tutor on site, plea	se bring the a _l	opropriate materials	s your child may need.
Behavioral Description:				
Please provide a brief description	on of your child's stre	engths and/or	challenges:	
<u>P.33</u>		(E)		(CHILD 0-12 YRS P. 1 of 9)





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Psychological History:

P.34		(E)	(CHILD 0-12 YRS - P. 2 of 9)
Additional	comments:		
		Difficulty at School	
		Suicide	
		Violence or Anger	
		Alcohol	
		Drugs	
		Relationships at School	
		Relationships at Home	
		Abuse (Physical, Emotional, Mental, Spiritual, Sexual)	
		Phobias (Irrational fears of certain objects or situations)	
		Anxiety Panic	
		Death/Grief and Loss	
		Depression	
Past	Present		
		r been exposed to any of the following challenges.	
Has the chi	ld experienced o	r been exposed to any of the following challenges:	

Yuasni Tipi Family Treatment Centre





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

Risk Behaviors:
Has your child 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 child enjoy any of the following:
sports crafts reading
music drawing/painting board games other

P.35 (CHILD 0 -12 YRS - P.3 of 9)



Email: intake@yuasni.ca

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)
- 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:

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

MUSCLE-RELAXANTS: PSYCHO-STIMULANTS: MISCELLANEOUS:

Dextroamphetamine (Dexedrine) Robaxisal Varenicline(Champix)

Amphetamine Mixed Salts (Adderall XR) Robaxacet

Codeine & Codeine containing products (Tylenol 1, 2, 3, 4)

Amphetamine Mixed Salts (Adderall XR) Parafon Nabilone (Cesamet) Lisdexamfetamine (Vyvanse) Flexeril Dronabinol (Marinol) Methylphenidate (Ritalin, Biphentin, Concerto) Medical Marijuana's

THC/CBD Oil

Modafinil (Alertec)

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
- Trazodone (Desyrel)
- Paxil (Paroxetine)
- Bupropion
- Morex

MIGRAINES: Imitrex

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

NON-SEDATING ANTIHISTAMINES: * Seldane * Claritin * Hismanal

SLEEP AIDS:

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

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

Yuasni Tipi Family Treatment Centre





Email: intake@yuasni.ca

I authorize the physician/medical agency to release my child's medical information to: Yuasni Tipi Family

MEDICAL FORM - Child (0-12 yrs)

(to be completed by a licensed physician or nurse practitioner)

Treatment Centre. Patient(Guardian) Signature Date: Patient Name: ____ First Name Initial Last Name Patient Date of Birth (dd/mm/yyyy) ______Patient Health Card #. _____ Physician Name: _____ Physician Signature _____ Date this medical was completed _____ Phone Number: _____ Fax Number: _____ Please indicate if client is currently being treated for or if they have a history of any of the following: No When and give details if possible Yes Tuberculosis Heart Disease Mental Illness Epilepsy Seizure's – other than Epilepsy High Blood Pressure Cancer Alleray Stroke Diabetes Back Pain Venereal Disease Emphysema or other lung disease HIV/AIDS Hepatitis A B C Scabies Lice L.M.P. Day___/Mon___/20___ Live Births Pregnancy Special Diet **CURRENT MEDICATIONS** DOSAGE/DATE **REASON/COMMENTS** Ensure to indicate date of next injection if patient is receiving injections for psychiatric or HIV conditions or Sublocade. (CHILD Medical P. 5 of 9)





Email: 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 medic Please list medication:	cation(s)	for TB?	Yes No	
<u>P.38</u>			(E)	(Child - Medical Info: P. 6 of 9)

Yuasni Tipi Family Treatment Centre





Email: intake@yuasni.ca

Do you recommend TB testing for child?

If no TB Testing is recomme	nded for child, pleas	se explain:		
Tuberculosis Screen: Please ensure that TB testin Treatment Center.	g has been complet	ed and that the res	sults are forwarded to Yu	uasni Tipi Family
Has tuberculosis testing bee	en recommended fo	r this child? Ye	es No	
Results: Negative Chest X-ray (if applicable):	Positive Yes No	Results:		
Prophylaxis (if applicable):			Date Started:	
Name of Physician/RN:				
Address: Telephone:		Fax:		
P.39		(E)		(Child Medical info: P.7 of 9)

Yuasni Tipi Family Treatment Centre





Email: intake@yuasni.ca

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

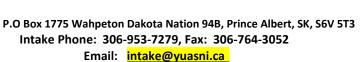
BEHAVIOUR	Circle one	Circle one	DETAILS
Aggressive to caregiver	Yes	No	
Difficulty with authority	Yes	No	
Theft	Yes	No	
Cruelty to animals	Yes	No	
Fire Setting	Yes	No	
Bed Wetting	Yes	No	
Inappropriate Sex Acts	Yes	No	
Justice System contact	Yes	No	
School Absences	Yes	No	
Violent Outbursts	Yes	No	
Miscarriage	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.)

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

P.40 (Child Medical info: P. 8 of 9)







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: Province: Postal Code: Telephone: _____ (Medical Doctor or Nurse in Charge) (Date) **Office Stamp** (E) P.41 (Child Medical Info. P. 9 of 9)

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