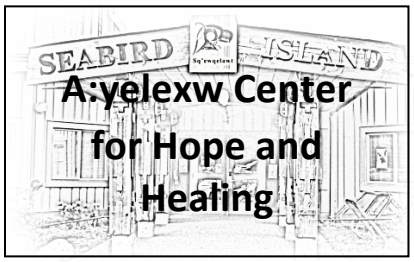

Date of Referral: _____

Participant Name: _____

A:yelexw Referral Form

Complete this package and submit to ayelexw@seabirdisland.ca

WHAT: A:yelexw (Halq'emeylem, meaning 'in good health') is a residential recovery centre for Indigenous adults living in the Fraser Valley. A:yelexw is a home-like context for adults who are struggling with complex addictions and mental health concerns. The men's home has 13 beds; the women's home has ten beds. Programs and services are firmly grounded in Indigenous practices.

HOW: A:yelexw offers a flexible stay of up to one year and long term follow-up for as long as the participant wishes to engage.

An Individual Recovery Plan is created with each participant: one-on-one work (e.g. mental health and addictions counseling, medical and traditional healing, employment and vocational plans) as well as group work (e.g. On the Land, Relationships, Anger Management, Life Skills, and Managing Th'oxweya (addictions)).

Household chores are assigned to both participants and staff, who work alongside each other. Chores include inside work, such as cooking/cleaning, and outside work, such as maintaining the garden/lawns/outdoor areas.

WHO: A:yelexw programs and services are offered in partnership between Fraser Health, Seabird Health and Chilliwack Community Services. On-site detox is offered in partnership with Riverstone if indicated.

YOU: You are a willing participant, voluntarily taking up residence at A:yelexw. You identify as Indigenous and are 19 years or older. You play a role in your individual recovery plan and commit to the actions outlined in your recovery plan.

Seabird Health

2895 Chowat Road. PO Box 765, Agassiz, BC; V0M 1A0
Telephone (604) 796-2177; Fax (604) 796-3729

A:yelexw Participant Name:

Referral Process

A referral may be made by a Fraser Health Substance Abuse or Concurrent Disorders clinician
A referral may be made by a community health or addictions worker
This form is completed with both the referring professional and participant.
The form, once completed, is submitted to ayelexw@seabirdisland.ca

Admission Criteria

- ☐ Participants are voluntarily living at A:yelexw, and committing to their recovery plan
- ☐ Participants identify as Indigenous and are 19 years or older
- ☐ Participants are independent in daily living activities – eating, toileting, and mobility.
- ☐ Participants have been drug and alcohol free for 72 hours (this restriction is ONLY until July 2017, after which we will be offering residential detox where indicated)

Exclusion Criteria

- ☐ Arson/fire setting; Sexual activities involving minors; Severe violence

Referral Source

☐Fraser Health ☐Community health worker
☐Community addictions worker ☐Other: _____

Name and title of person referring: _____

Telephone _____; Email _____

Participant Information

Participant's Legal Name:			Preferred Name(s):	
Gender:	Birthdate:	Age:	Marital Status:	# of Children:
Address:				
City:	Province:	Postal Code:		
Telephone:	Email:			
Status #:	Band:	Provincial Health Number:		
Emergency Contact Name:				
Relationship:	Telephone:	Email:		

A:yelexw Participant Name:

Substance Use Recovery or Treatment History

Please list any previous recovery / treatment / counseling / detox services:

Location	Did client complete?	Date

History of Substance Use

Please fill this section in completely. Please put N/A if not applicable

	Drug of choice (circle top 3)	Route Inhale/ Inject etc.	Date last used (DD /MM/YY)	# Days used in last year	Typical amount used daily	Age at 1st use	Stage of change withdrawal/detoxing tapering/recovery Please indicate below
Alcohol							
Amphetamines							
Benzo							
Cannabis							
Cocaine							
Crack cocaine							
Crystal meth							
Fentanyl							
Hallucinogens							
Heroin							
Inhalants							
Opioids							
Tobacco							
Other – please specify							
Gambling							
Sexual activity							
Pornography							
Shopping							

History of other addictive behaviour: (e.g. gambling, eating disorder etc.)

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A:yelexw Participant Name:

Psychiatric/Mental Health History

Has the participant been referred to or consulted with a psychiatrist? ☐ Yes ☐ No	
Has a diagnosis been confirmed by a psychiatrist? ☐ Yes ☐ No	
If yes, please attach the most recent psychiatric assessment. ☐ Yes ☐ N/A	
Has the participant received care for other mental health concerns? ☐ Yes ☐ No	
If yes, please provide a brief description:	
Psychiatrist name:	Contact number:
Mental health worker name:	Contact number:

Medical History

Diagnosis		Date of diagnosis	Indications	Medications
HIV	☐			
Hepatitis C	☐			
Seizures	☐			
- due to substance use?	☐			
- due to medical condition?	☐			
Last TB test - attach results	☐			
FASD	☐			
Past surgeries	☐			
Head injury	☐			
Mobility	☐			
Cognitive impairment	☐			

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A:yelexw Participant Name:

Medications

Please list prescription and non-prescription medications used by the participant.

Please attach the participant's medication list, if applicable. ☐ Yes ☐ N/A

Clients on Methadone or Suboxone must provide details about the prescriber below:

Doctor:	Contact:	Office Location:

Medical Review

If possible, have client's physician fill out approval below

When needed, medical review can be accomplished through Seabird medical clinic

☐ This client requires medical screening by Seabird Medical clinic

MEDICAL APPROVAL			
In your opinion is this person medically/mentally stable and appropriate for admission to Residential Recovery? □ No □ Yes			PHYSICIANS STAMP
Should client require DETOX, in your opinion is person medically stable to enter the recovery home as a home detox client, willing to transition into a recovery program. ****<u>**Detox only available after July 1st, 2017*****</u> □ No □ Yes			
PHYSICIAN'S NAME	SIGNATURE	DATE YYYY/MMM/DD	

Residential/Home detox considerations: (to be completed by physician only)

_____

_____

_____

_____

_____

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A:yelexw Participant Name:

Challenges / Safety Concerns

		Summary and/or comments
Participating in a group setting	☐ Yes ☐ No	
Suicide ideation Suicide attempts	☐ Yes ☐ No	
Self-harming	☐ Yes ☐ No	
Aggression / anger	☐ Yes ☐ No	
Domestic violence	☐ Yes ☐ No	
Risk taking	☐ Yes ☐ No	
Learning challenges	☐ Yes ☐ No	

Justice

Criminal record	☐	Details:
On probation	☐	Details:
Probation officer name		
Charges pending ☐Criminal ☐Family	☐	Details:
Upcoming court dates ☐Criminal ☐Family	☐	Details:

Participant identified goals for recovery

1.
2.
3.
4.

A:yelexw Participant Name:

Funding Information

Funding source is to be identified before admission

- ☐ Participant has Status as First Nations. Please fill out First Nations Health Authority subsidy application form, available at www.seabirdisland.ca (http://www.seabirdisland.ca/index.php/service/ayelexw-center-for-hope-and-healing/)
- ☐ Participant is on income assistance and living off reserve.
  - ☐ Please obtain proof of income from current SA worker
  - ☐ Please fill out Ministry of Social Development Funding Verification Form. available at www.seabirdisland.ca (http://www.seabirdisland.ca/index.php/service/ayelexw-center-for-hope-and-healing/)
  - ☐ Fax both above documents to Chilliwack Ministry office 1-855-771-8749
  - ☐ Advise us if participant's off reserve rent needs to be covered.
- ☐ Participant is on income assistance and living on reserve. Please provide contact details for SA worker.

  Name _____ Phone number _____
- ☐ Participant has extended benefits coverage. Please email confirmation notice.
- ☐ Participant will self-pay. Please email a signed letter from participant with payment/banking details.
- ☐ Participant has applied for funding through Fraser Health. Please fill out FH subsidy application, available at www.seabirdisland.ca (http://www.seabirdisland.ca/index.php/service/ayelexw-center-for-hope-and-healing/)
- ☐ Participant has subsidy approved from their Band. Please email proof of approval from Band.
- ☐ Participant has no source of funding

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