



## APPLICATION FOR ASSESSMENT

If you have completed residential addiction treatment within the last year,  
please complete this form and submit via

**Fax:** 780-429-3459 or **Email:** [intake@mcDougallhouse.com](mailto:intake@mcDougallhouse.com)

**Or upload it here:** <https://www.mcdougallhouse.com/application-for-assessment/>

Application Date:	
Full Name:	
Age:	
Phone number:	
Email address:	
Province and Health Care Number	
For what addictions are you seeking help?	
What date was your last use of alcohol or drugs?	
Are you an I.V. drug user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What mood altering substances (including alcohol, drugs, medications) have you used in the past year?	
When were you last in Detox?	
If you are in a Treatment Center, when do you graduate? If not, when and where did you complete your last treatment program?	
Who is your Addiction Counsellor in Treatment?	Name: Phone: Email:
Have you ever been hospitalized due to your use? If yes, when and where?	
Do you have a Mental Health diagnosis? If yes, please specify.	

Are you on <b>any medications</b> , including Suboxone or Methadone? If so, which ones and dosage? Please include date started  (Please fax a copy of current medications from Treatment/ Pharmacy)	
Do you have any open wounds, skin infections or have you had any recent surgeries?	If yes, please specify:
Do you have a new or worsening cough, a cold or the flu?	_____Yes _____No If Yes: shortness of breath? rash or diarrhea? or fever in last 24 hours?_____Yes _____No
Any recent exposure to Chicken Pox, Measles, Mumps, Whooping cough, Tuberculosis?	If yes, please specify:
Where have you lived over the past year (own home, rented, shelters, jail, couch surfing, treatment, etc.)?	
Have you ever been Physically, Emotionally or Sexually abused?	_____Yes _____No
Have you had counselling for this Abuse?	If yes, when?
Do you have any legal issues or court dates?	If yes, please specify:
Do you have children?	If yes, please list age and first name:
Is Child and Family Services involved?)	If yes, please specify arrangement with children:
How would you fund your stay at McDougall House?	
If Social Services, which office or workers name?	
Who referred you to McDougall House or how did you hear about us?	

Thank you for completing the first part of the application process.  
We will call you or your counsellor to schedule an assessment.