



DISCOVERY HOUSE

ADDICTION RECOVERY HOMES FOR MEN

Penticton Recovery Resource Society
633 Winnipeg St.
Penticton, BC V2A 5N1
phone: 250-490-3076 fax: 250-490-3078
info@discoveryhouserecovery.com
www.discoveryhouserecovery.com

Referring Agent (Optional)	
Referring Agent:	Organization:
Phone:	E-mail:
Fax:	Date::
Notes regarding applicant:	

Applicant Information	
Name:	DOB:
Address	Indigenous, First Nations, Metis? <input type="checkbox"/>
	Band/Nation:
SIN:	PHN:
Phone:	E-mail:
Marital Status:	# of children/ages:
Have you attended treatment before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide location and dates.</i>	

Emergency Contact Information	
Name and Relationship:	Phone:
	E-mail:
Other Community/Professional Support:	Phone:
	E-mail:
Any Other Contact and relationship:	Phone:
	E-mail:



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Mental Health Information
Have you ever been diagnosed or been medicated for a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (diagnosis?, when?, is it currently impacting you?)</i>
Have you ever been hospitalized for a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (reason?, when?, how long was your stay?)</i>
Are suicide attempts or other forms of self-harm part of your story? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (past or current?, related to use?, how do you respond when self-harm thoughts occur?)</i>
Do you have a history of violent or aggressive behaviour? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol, Substance Use, and Addiction History		
Current Drug(s) of Choice:		
Do you have any current clean time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of last use:	
Please indicate any substances that you have used problematically currently or in the past.		
<input type="checkbox"/> Alcohol <input type="checkbox"/> THC/Cannabis <input type="checkbox"/> Crack/Cocaine <input type="checkbox"/> Meth (Side) <input type="checkbox"/> Heroin/Fentanyl (Down) <input type="checkbox"/> Other Opioids <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Club Drugs (Ecstasy, Ketamine, GHB, etc.) <input type="checkbox"/> Steroids <input type="checkbox"/> Inhalants <input type="checkbox"/> Prescription Pharmaceuticals <input type="checkbox"/> Other:		
Other behavioural addictions of concern? <input type="checkbox"/> Sex/Porn <input type="checkbox"/> Relationships <input type="checkbox"/> Gambling <input type="checkbox"/> Adrenaline/Exercise <input type="checkbox"/> Cell Phone <input type="checkbox"/> Internet/Gaming <input type="checkbox"/> Shopping <input type="checkbox"/> Food <input type="checkbox"/> Other:		
Are you on an Opioid Replacement (Suboxone, Sublicade, Methadone, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication:	Current Dose:	Start Date:
Where are you currently receiving doses?		



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Medical Information

Do you have any current physical injuries or mobility limitations? Yes No
If yes, please provide details (injury?, when?, how does it impact activities of daily living?)

Do you have any ongoing health conditions or medical diagnoses? Yes No
If yes, please provide details (condition?, how long?, how does it impact activities of daily living?)

Do you have allergies? Yes No
If yes, please provide details (type of allergy?, how is it managed?)

Do you experience seizures? Yes No
If yes, please provide details (current or in the past?, related to use?, how are they managed?)

Do you smoke cigarettes or vape? Yes No

Current Medications	Dosage	Condition Treated

Payment Information

Are you currently receiving Social Assistance? Yes No
If yes, check any that apply. Disability PPMB If no, are you eligible? Yes No

If you are paying privately, what is the source of payments?
 Self/Family EI Other Insurance Employer Other:



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Legal and Corrections Information	
Have you been incarcerated in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (currently incarcerated?, date released?)</i>	
Do you have any current or expected parole, bail, or release conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (type of condition?, reporting requirements?, when will conditions expire?)</i>	
Do you have current charges or upcoming court dates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details (list pending charges, when are court dates?, where are the court dates?)</i>	
Do you currently have legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lawyer Name:	Phone:
E-mail:	Fax:
<i>Please note, Discovery House does not generally provide guaranteed beds to facilitate release from a correctional facility. A letter can be supplied that identifies an individual as "on our waiting list" by requesting a lawyer to contact the intake staff.</i>	



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Referral Agreement and Undertaking

All clients of Discovery House are expected to be actively engaged in a program of recovery that will maximize the chance of remaining substance-free. These areas include, but are not limited to the following:

- Remaining abstinent of all intoxicating substances
- Participating in required programming, including community, recovery-based meetings
- Accessing necessary physical and/or mental health care
- Accessing necessary counselling for addiction or other mental health issues
- Addressing financial, legal, professional, and self-care needs as appropriate

In addition, certain activities or behaviours are grounds for discharge from the Discovery House program. These include, but are not limited to the following:

- Use of any non-prescribed, intoxicant
- Engaging in acts of violence or threatening behaviour towards staff, other clients, or volunteers.
- Performing any action which is deemed discriminatory, intimidating, racist, sexist, or any other form of harassment.
- Engaging in any criminal activity
- Non-compliance with house guidelines or programming
- Non-compliance with prescription medication regime

By signing below, the prospective client acknowledges that he is mentally and physically able to participate in the Discovery House program and agrees to abide by the terms and conditions required for occupancy in a Discovery House residence.

Signature: _____

Date: _____

Witness: _____

Date: _____