

Admission Package for Referral Agents (18 Pages)



Please complete all six steps. Thank you!

1. Complete the “*Admission Information Guide*”. It is very important that the referral agent complete this document with the client and **provide us with written responses** for **all** items. We cannot process admission applications without this information.
2. Give client the “*Self Assessment of Treatment Need*” Exercise and ask them to complete it and return it to you.
3. Have the client complete the “*Treatment Readiness Inventory*” and use the “*Interpretation Form*” at the end to find the Treatment Readiness Score.
4. Have the client get the “*Physical Examination*” form completed by his or her physician.
5. Return all completed forms to the attention of Program Director Susan Ulmer at
 - a. FAX (306) 695-2514, or
 - b. Mail to: Pine Lodge, Box 457, Indian Head, SK S0G 2K0 , or
 - c. Email: susan.pinelodge@sasktel.net
6. Give the client the “*Preliminary Contact Information*” sheet and the Pine Lodge “*House Rules*”.
7. Call 306-695-2251 and ask for Susan if you have any questions.

More Information can also be found on our web site: www.pinelodgetreatment.ca

Memorandum

To: All Addiction Services

Date: April 24, 2006

Subject: Referrals to Pine Lodge

Please find attached the assessment package for referrals to Pine Lodge. We would ask that you have your clients have a medical completed prior to referrals and have them complete the Treatment Readiness Inventory. We also ask that you follow the M.A.P. when completing your assessment.

Please forward the completed assessment to

Susan Ulmer
Pine Lodge
Box 457
Indian Head, Saskatchewan S0G 2K0
Fax: 306-695-2514

Should you have any questions please don't hesitate to contact either Susan Ulmer at 306-695-2251 or myself at 306-766-7933.

Robyn Buergel, CAC II
Supervisor, Outpatient Services
Addiction Services

RB/ms

ADMISSION INFORMATION GUIDE

The following is a guide for Community Case Managers and/or, in conjunction with other professionals in collecting helpful information regarding your client. Agencies unfamiliar with the Motivational Assessment Process (MAP) may contact this office.

CONFIDENTIALITY:

- Ensure confidentiality is discussed with the client
- Ensure to provide the appropriate release of information for the exchange of information

PRESENTING PROBLEM:

- Who has referred the client
- Why has the client been referred
- What is the clients belief surrounding the referral for assessment and referral

ALCOHOL & DRUG USE HISTORY:

- Use history: drug(s) of choice and experimentation, age of initial use, frequency
- Previous treatment and detox.
- Periods of abstinence
- Date of last use

MEDICAL AND MENTAL HEALTH HISTORY:

- General health – acute or chronic medical conditions
- Complete written medical history/physical including blood work, HIV, Hepatitis B & C, urinalysis
- Present medications, reason and duration
- Diagnosis – include any psychiatric and psychological reports
- Psychiatric hospitalizations – dates and circumstances
- Suicidal thoughts or attempts
- Abuse (emotional, physical, sexual) – Past/Present? Therapy?
- Anger / violent behavior

FAMILY LIFE:

- Outline family or partnership dynamics
- History of involvement with Social Agencies (i.e. DCR)
- Housing arrangement
- Child-care arrangements

SOCIAL LIFE:

- Outline support systems that are in place
- Recreation – leisure interests

EMPLOYMENT/EDUCATIONAL FUNCTIONING:

- Main source of income
- Problems at work or school
- Last grade completed
- Any limitations/reading/disabilities affecting comprehension

LEGAL INVOLVEMENT:

- Current legal charges/orders or undertaking
- Copy of Pre-sentence/pre-disposition report
- History of violence

SPIRITUAL/CULTURAL HISTORY:

- Identify specific needs

RECOVERY HISTORY & ASSESSMENT:

- How did the client present at time of assessment (i.e. co-operative, defensive, alert, etc.)
- Client's appearance at time of assessment (i.e. neat & clean, eye contact, etc.)
- Include any screening tools that were administered
- Client motivation (i.e. readiness for treatment, stage of change, stage of recovery, etc.)

TREATMENT PLAN:

- Type of treatment required and primary goals for treatment
- Referral to self-help groups
- Plan for follow-up sessions
- Issues to be addressed in treatment
- Referrals to treatment and others

CONFIRMATION OF ADMISSION WILL BE DONE ONCE THE ADMISSIONS COMMITTEE RECEIVES ASSESSMENT AND MEDICAL INFORMATION.

- The Admissions Committee will contact the Community Case Manager / referral agent with a specific date and time for admission
- Please contact the Admissions Committee if a particular circumstance changes
Susan Ulmer at (306) 695-2251 or Robyn Buerger at (306) 766-7933

“Working in partnership to assist individuals and families with recovery from chemical

Please forward completed assessment to:

Pine Lodge
Box 457
Indian Head, Saskatchewan S0G 2K0
Phone: 695-2251 Fax: 695-2514

SELF ASSESSMENT OF TREATMENT NEED

Instructions: This exercise will help to determine what treatment program will best suit your needs. These programs are designed for those people who have recognized and accepted their addiction, made a firm decision to stay abstinent and utilize a recovery program to help them stay abstinent. To complete this exercise:

- Read each question and place a **check mark** in the box in front of the most appropriate answer. Then return it to your counselor.

1. How many times have you made a serious attempt to stay clean/sober?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

2. What is the longest period of time that you have been able to stay sober?

- 12 weeks or more [4]
- 6 weeks [3]
- 4 weeks [2]
- Fewer than 4 weeks [1]
- I have never attempted long-term abstinence [0]

3. How many times have you been admitted for detoxification from alcohol and/or drugs?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

4. How many times have you left a detoxification program before successfully completing the program?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

5. How many times have you been admitted to an In-patient or Day-Patient treatment program for chemical dependency?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

6. How many times have you left one of these In-patient or Day-Patient treatment programs before successfully completing the program?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

7. How many times have you been admitted to an Outpatient treatment program for chemical dependency?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

8. What is the longest time period that you have been continuously involved in an Outpatient or Aftercare program for chemical dependency?

- 16 weeks or more [4]
- 9 -16 weeks [3]
- 5 – 8 weeks [2]
- 1 – 4 weeks [1]
- I have never attended an Outpatient/Aftercare program for chemical dependency [0]

9. How many times have you left an Outpatient program before successfully completing it?

- None [0]
- One [1]
- Two [2]
- Three [3]
- Four [4]
- Five [5]
- More than Five [6]

10. When you were most actively involved in your recovery, how many 12 Step (AA, NA) meetings per week did you typically attend?

- 3 or more per week [4]
- 2 meetings per week [3]
- 1 meetings per week [2]
- Fewer than 1 meeting per week [1]
- I have never attended 12 Step meetings [0]

11. When you were most actively involved in recovery, how many times per week do you have conversations with other recovering people, outside of 12 Step meetings and therapy?

- 7 or more times per week [3]
- 3 to 6 times per week [2]
- 1 to 2 times per week [1]
- Less than once per week [0]

12. When you were most actively involved in recovery, how often did you do a 10th Step inventory (i.e. review and evaluate your daily problems and activities outside of 12 Step meetings and therapy)?

- 7 or more times per week [3]
- 3 to 6 times per week [2]
- 1 to 2 times per week [1]
- Less than once per week [0]

13. When you were most actively involved in recovery, how often did you read or listen to tapes of recovery-related literature or speakers outside of 12 Step meetings or therapy groups?

- 7 or more times per week [3]
- 3 to 6 times per week [2]
- 1 to 2 times per week [1]
- Less than once per week [0]

14. Have you ever had a 12 Step program sponsor?

- yes [4]
- Less than once per week [0]

15. When you were actively involved in recovery, how often did you talk with your 12 Step program sponsor outside of 12 Step meetings or therapy sessions?

- 7 or more times per week [3]
- 3 to 6 times per week [2]
- 1 to 2 times per week [1]
- Less than once per week [0]
- I did not have a 12 Step sponsor [0]

16. Select the statement that most accurately describes your experience with the 4th and 5th Steps of a 12 Step program:

- I completed a written 4th Step and discussed it with my sponsor [3]
- I completed a written 4th Step but did not discuss it with my sponsor. [2]
- I did a 4th Step in my mind but never wrote it down or talked with anyone [1]
- I have never done a 4th or 5th Step [0]

17. How long after you stopped attending 12 Step meetings did you return to alcohol or drug use?

- I was actively attending meetings when I started using [5]
- Less than 1 week after I stopped attending meetings [4]
- Between 1 and 3 weeks after [3]
- Between 4 to 7 weeks after [2]
- 8 or more weeks after [1]

18. Select the statement that best describes your understanding and ability to discuss the basic information about chemical dependency:

- I can explain it clearly to others without help [3]
- I can explain it clearly to others with help [2]
- I understand it but cannot explain it [1]
- I do not understand it [0]

TREATMENT

READINESS

INVENTORY

EXPLANATION: This inventory is to help indicate your readiness for treatment at this time. It will help you and the program workers and counsellors decide on the type of program that is best for you and what type of group work is best suitable for you during treatment. The Inventory is simple and easy to do.

Name: _____ (Please Print)
Date: _____ Age: _____ Male: _____ Female: _____
Program: _____
Administered by: _____ (Counsellor)

TREATMENT READINESS INVENTORY

INSTRUCTIONS: Read each statement, then mark the box whether you AGREE or DISAGREE with the statement as it applies to you personally at this time. Mark each statement truthfully. There are no right or wrong answers. Do not make any guesses. MARK EACH STATEMENT ONLY ONCE, BUT BE SURE TO MARK EVERY STATEMENT.

AGREE DISAGREE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I do not have a problem with drinking/drug use. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I know I drink/use too much. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I will quit drinking/using only when I am good and ready |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I do have a problem with drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I must quit drinking/using once and for all. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. People talk about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I have my drinking/using under control. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. People can help me with my drinking/using problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I do not want anyone telling me what to do about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I can quit drinking/using whenever I want. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I need help now for my drinking/using problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. My family worries about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I do not care who knows I am getting help for my problems with drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. People have good reason to talk about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. My drinking/using causes problems in my life. |

AGREE DISAGREE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 16. No one is going to force me to quit drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. I need to talk honestly with other people about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. People have no reason to talk about my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. I do not care who knows I am getting help for my problems with drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. There are times I had to cut down my drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. I cannot control my drinking/using anymore. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. There is no need for me to stop drinking/using. |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. I am going to stop my drinking/using no matter what it takes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. I must do something about my drinking/using problems now, or they will only get worse. |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. What I do about my drinking/using is nobody's business. |

MAKE SURE YOU HAVE MARKED EVERY STATEMENT ONLY ONCE.

INTERPRETATION FORM

TREATMENT READINESS (T-R) SCORE

The following commentary indicates prospects for clients in treatment based on their Treatment Readiness (T-R) score.

High Readiness (scores 11 to 15)	Indicates Excellent Prospect Will complete treatment and do very well.
Positive Readiness (scores 6 to 10)	Indicates Good Prospect Will likely complete treatment and do quite well.
Moderate Readiness (scores 3 – 5.5)	Indicates Fair Prospect May or may not complete treatment and will have some difficulty in treatment. Scores of 0, 1 or 2 on Resistance Scale are classed as Moderate/Likely and may complete treatment. Scores of 3, 4 or 5 on Resistance Scale are classed as Moderate/Unlikely and may not complete treatment.
Low Readiness (scores 2 – 2.8)	Indicates Marginal Prospect Will not complete treatment and will not do very well if remaining in treatment.
Non-Readiness (scores under 2)	Indicates Unlikely Prospect Will not complete treatment and will not do much at all if remaining in treatment.

Doing well in treatment is defined as:

- Taking active part in all program activities;
- Talking openly and honestly about personal drinking/drug problems;
- Admitting drinking/drug use problems;
- Accepting sobriety and abstinence as recourse to drinking;

TREATMENT READINESS INVENTORY – SCORING FORM

INSTRUCTIONS FOR SCORING:

Name: _____ Age: _____ Male: _____ Female: _____

1. Draw a line through number if it is marked AGREE on the Inventory.
Do not draw any line if number is marked DISAGREE.

DENIAL	AWARENESS	RESISTENCE	ACCEPTANCE	READINESS
1.	2.	3.	4.	5.
7.	6.	9.	8.	11.
10.	12.	13.	14.	17.
18.	15.	16.	21.	19.
22.	20.	25.	24.	23.
_____	_____	_____	_____	_____

2. Count the marks and write the total (between 0 and 5) in each space below the headings.
3. a) Add the total scores for Awareness + Acceptance + Readiness. Put the total here: _____
b) Add the total scores for Denial + Resistance. Put the total here: _____
4. To obtain the Treatment Readiness (T-R) score:
 - a) Find your total for Awareness + Acceptance + Readiness in the top line from the chart below;
 - b) Find your total for Denial + Resistance in the left column.
 The number where the two totals meet is your T-R Score. Enter this score here: _____
(See Interpretation Form.)

	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
0/1	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
2	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
3	5	4.7	4.3	4	3.7	3.3	3	2.7	2.3	2	1.7	1.3	1	0.7	0.3
4	3.8	3.5	3.3	3	2.8	2.5	2.3	2	1.8	1.5	1.3	1	0.8	0.5	0.3
5	3	2.8	2.6	2.4	2.2	2	1.8	1.6	1.4	1.2	1	0.8	0.6	0.4	0.2
6	2.5	2.3	2.2	2	1.8	1.7	1.5	1.3	1.2	1	0.8	0.7	0.5	0.3	0.2
7	2.1	2	1.9	1.7	1.6	1.4	1.3	1.1	1	0.9	0.7	0.6	0.4	0.3	0.1
8	1.9	1.8	1.6	1.5	1.4	1.3	1.1	1	0.9	0.8	0.6	0.5	0.4	0.3	0.1
9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.9	0.8	0.7	0.6	0.4	0.3	0.2	0.1
10	1.5	1.4	1.3	1.2	1.1	1	0.9	0.8	0.7	0.6	0.5	0.4	0.3	0.2	0.1



PHYSICAL EXAMINATION FORM FOR ADDICTION INPATIENT TREATMENT

Name: _____ PHN: _____ DOB: _____

Return to: Pine Lodge
Box 457, Indian Head, Saskatchewan S0G 2K0
Phone: 306.695-2251 Fax: 306.695-2514

Vital Signs:

B.P.: _____ HR: _____ Resp: _____ HT: _____ WT: _____ Temp: _____

	Normal	Abnormal	<u>Not Assessed</u>	Specify Abnormalities
Skin				
Head				
Eyes - General				
Eyes - Fundoscopy				
Ear & Nose				
Mouth				
Neck				
Cardiovascular				
Respiratory (Thorax)				
Abdomen				
Lymph Nodes				
Extremities				
CNS - Gait				
Level of Consciousness				
Cranial Nerves				
Neuro-Reflexes				
Motor & Sensory				
Breast/Genital/Rectal				

Medications (include OTC drugs) _____

Allergies (describe reaction) _____

Past Medical History _____

Current Occupation _____ Smoking _____ Alcohol _____

Routine Pre-Admission Lab Work

Diagnosis and Proposed Management:

CBC

Lytes/BUN/CR

F.B.S. (Spot okay)

Liver Function Test

HBSAG/B/C

Routine Urinalysis

Physician's Signature: _____

Date: _____



P.O. Box 457
INDIAN HEAD, Sask.
S0G 2K0

Telephone: 1-306-695-2251 - Fax: 1-306-695-2514

Email: pinelodge@sasktel.net

PRELIMINARY CONTACT INFORMATION

Check in time is no later than 10:30 am

- BRING:** - Housecoat and slippers (shoes must be worn in building at all times)
- Toiletries including hand soap, shampoo, toothpaste, etc. (alcohol free)
 - Change of clothing for (7) seven days. (laundry facilities are available to patients once a week.)
 - Sufficient laundry soap and softener/dryer sheets for four weeks
 - Change or calling cards for use in pay phones if required
 - Proper clothing and footwear for outdoor walks
 - Only AA or NA literature allowed while in treatment
 - Writing materials, eg. notebooks, binder, pens, pencils, and highlighter
 - No more than \$100.00 on person please

Staff reserves the right to examine all luggage.

Pine Lodge supplies sheets and towels.

On admission, all prescription and patent, over-the-counter medications will be turned over to the nursing staff.

Patients are required to pay for prescriptions, books and all personal consumables such as tobacco or cigarettes while in treatment. It is advisable to bring enough money to cover such things.

Treatment generally consists of a four-week program, which may be extended if necessary. There will be no passes during the treatment process.

It is recommended that patients coming into treatment leave valuables such as jewelry and fur coats at home as bedrooms are not equipped with locks.

No visitors will be allowed during the first week (7 days) of treatment. The same rule applies to phone calls. There will be no in-coming or out-going phone calls allowed during the first 7 days. (In the case of small children left at home, exceptions may be made at the counsellor's discretion).

Visiting hours after the first 7 days of treatment are Saturday, Sunday and Statutory holidays from 2:30 PM to 5:00 PM. All visiting must be done on Pine Lodge premises.

Patients are advised that the night staff of Pine Lodge make bed checks during the night, every night.

Susan Ulmer,
Program Director



Pine Lodge House Rules (3 Pages)

1. **Patient Belongings:** All incoming luggage and other items brought in to Pine Lodge will be examined by staff. *Anything* purchased or received by patients during treatment is to be presented to staff for inspection when entering the building.
 - It is strongly suggested that cash and valuables be turned over to the staff for lock up. Anything kept in the rooms is the responsibility of the patient.
 - Patients may access lock-up and purchase books or other items only when the secretary is *on duty*.
 - Incoming mail, parcels, etc. will be cleared through the patient's counsellor.

2. **Medication:** All prescriptions or over-the-counter medications will be turned in to the nurse and kept locked in the nurse's station. This includes laxatives, ointments, pain relievers, etc. All medication will be distributed by the nurse or staff in the nurse's office only.
 - There will be absolutely **no use of unauthorized chemicals** in Pine Lodge. Violation will result in probable discharge from treatment.

3. **Residence:** Staff makes routine checks of bedrooms. Patients are to keep their rooms tidy. Clothing is to be stored neatly and rooms vacuumed when needed. Beds are to be made before 8:30 am weekdays, and before noon on weekends and statutory holidays.
 - Patients are **not allowed in any bedroom other than their own assigned bedroom** at any time. Violation could result in discharge.
 - Bedroom windows must remain closed during the winter at 20 degrees below zero or lower. When the air conditioning is running in the summer, all windows will be closed.
 - Please keep feet off the furniture, no leaning chairs back on two legs.
 - Clean up after yourself, return used cups and glasses promptly to the kitchen.
 - If a patient needs to be up in the night other than to the bathroom, night staff **must** be informed. If staff is away from the desk on rounds, wait on the black couch.

4. **Smoking:** *No smoking anywhere in the building or within 20 ft of any entrance.* Violation could result in discharge. Smoking is permitted outside on the patio only until 15 mins. before lights out. The **patio curfew** is: 10:45 pm Monday through Thursday; and 12:45 am on Friday, Saturday and the evening before a Stat holiday.

5. **Confidentiality:** Attendants are required to pass on crucial information to the clinical team. Case managers are required by law to report cases of child abuse to the authorities. All information shared in group must be kept confidential, including in Pine Lodge. ***“What is said in group stays in group”***.

6. **Schedule:** Patients are expected to be on time. (The clock located in the room of an activity is deemed to have the correct time.) Patients must attend all scheduled activities to their completion, including kitchen duties. Patients too ill to attend activities will be taken to the hospital.
 - Required drug videos are to be watched prior to 11 pm the first Sunday in treatment.
 - Earliest wake up is 5 am, if awake before this, patients are to stay in their rooms
 - Quiet time in the residence is from 11 pm until 6:30 am – no loud voices, TV, or slamming doors
 - Laundry times are posted in the laundry room.
 - **Lights out** is 11:00 pm weeknights and 1:00 am Fridays, Saturdays and the day before stat. holidays.

7. **Clothing:** Patients are to be fully clothed at all times (not in pajamas, housecoats or loungewear).
 - Shorts or skirts must be no more than 3” above the knee *when seated*.
 - Sleeveless or muscle shirts/tops are not permitted.
 - Shoes or slippers must be worn at all times in the building.
 - Suggestive, overly tight or low-cut clothing is not allowed.
 - Drug/Beer/Liquor/Bar/Gang logos are not allowed.
 - No hats or sunglasses to be worn inside the building.

8. **Interaction with others:** Everyone at Pine Lodge is to be treated with courtesy and respect including fellow patients, family members, guests and staff.
 - All patients must maintain an acceptable level of personal hygiene
 - Excessive profanity is inappropriate.
 - **Romantic relationships are not allowed.** Violation will result in probable discharge from treatment.
 - **Sexual interaction is not allowed.** Violation will result in probable discharge from treatment.
 - **Verbal or physical abuse will not be tolerated.** Violation will result in probable discharge from treatment.

9. **Visitors:** Patients have no visiting privileges for the first seven days of treatment.
 - Regular visiting hours are 2:30 pm to 5:00 pm weekends and Statutory Holidays only.
 - Visiting areas are: the waiting room, auditorium, rec room, upstairs coffee room and patio. Visitors may use washrooms across from Group 3 room upstairs and across from the cook’s room downstairs.
 - **No visitors/family members** are permitted **in the residence** at any time.

10. **Telephone:** Patients are not allowed phone calls *or messages*, in or out, for the first 7 days of treatment.
 - Patients may use the phone for **up to 10 minutes at a time only**. There are just 2 pay phones for patients’ use, so please be considerate.
 - Patients are not permitted to use office phones.

11. **Walks:** All patients are required to go out for at least two walks per day, including one group walk. Patients are required to sign in and out *for themselves only*, and to exit and enter by the front door of the building only.
 - There is a **three-person buddy system in effect at all times**.
 - Everything purchased must be presented to staff for inspection on return.
 - **Walking curfew is 10:45 p.m. seven days a week**, front doors are locked for the night and everyone must be signed in.

12. **Recreation:** Patients may use Pine Lodge sports equipment, play cards or board games in their scheduled spare time on *weekends and statutory holidays only*.
 - No non-program reading material allowed. AA/NA approved literature only.
 - There will be **absolutely no gambling** or any variation of gambling allowed.
 - Patients may use the public park across the street only and are not to loiter in other town parks. Patients are to put a “P” beside their name when signing out to go to the park. *This does not count as a walk*. The 3-person buddy system is in effect at all times, even for bathroom breaks.
 - Patients require permission and a pass obtained from their counsellor to attend any outside activity or function, such as church; the buddy system will still be in effect.
 - Patients may not use the town swimming pool, fitness club or coffee spots.

- 13. Food:** Patients are expected to eat the meals as prepared for the group. If there is a problem with any food, it is to be discussed with the nurse and the cook.
- No junk food such as pop, candy, chips or gum while in treatment.
 - Acceptable snack times and foods are posted in the kitchen.
 - All food must be eaten at the dining room tables (except popcorn).
 - No food or beverages are allowed in the auditorium. Coffee is to be taken in carafes only from one area of the building to another – do not carry hot coffee pots around. Return used cups and glasses promptly to the kitchen.

If you are unwilling or unable to follow these rules, please notify the counsellor or director so that we can refer you for treatment elsewhere. Staff will give direction as situations arise that are not specifically covered in these written rules.

Susan Ulmer,
Program Director