

P. O. Box 761 2101-10<sup>th</sup> Avenue West Prince Albert, SK S6V 5S2 Phone (306) 764-2311 Fax (306) 764-2377

## Youth Admission Information Guide

The following is to guide Community Case Manager's (CCM's) and/or in conjunction with other professionals in collecting helpful information for the client.

## **Chemical Dependency History**

- Use history: drug(s) of choice and experimentation, age of initial use frequency/last use
- > Previous detox and treatment history: need for current detox or stabilization
- ➤ Motivation for change/stage of recovery/ stage of change

## YOUTH

- Discharge/Arrival plan
- If incarcerated what is the release date and specific plan for youth to return to the community if release date occurs while at Valley Hill Youth Treatment Centre.
- > Statement from staff at the facility as to the youth's current level of Functioning/stability

#### MENTAL HEALTH HISTORY

- ➤ Diagnosis- Include any psychiatric and psychological reports
- > Psychiatric hospitalizations-dates, circumstances-any recent hospital discharge summaries
- Suicidal thoughts or attempts
- ➤ Abuse (emotional, sexual, physical) Past/Present? Therapy?

## **SOCIAL HISTORY**

## Family/Primary Relationships:

- Outline family dynamics
- ➤ Child-care arrangements

## **EMPLOYMENT/FINANCIAL STATUS**

- ➤ Main source of income
- > Problems at school/work
- Gambling History

## **EDUCATION**

- School History-any issues /concerns
- ➤ Last grade completed
- Any limitations/Reading/disabilities affecting comprehension

## SPIRITUAL/CULTURE HISTORY

➤ Identify specific needs

### COMMUNITY

> Recreation-leisure interests

### <u>LEGAL</u>

- History of Violence
- History of legal charges/copy of orders or undertaking or probation conditions
- Any court ordered psychiatric/psychological evaluations/pre-sentence reports
- Name of Youth Worker if applicable

# PHYSICALLY DISABLED

The Center has accommodations to assist youth with a physical disability.

#### **GOALS**

Please identify your assessment of the primary goals for treatment

# CONFIRMATION OF ADMISSION WILL BE DONE ONCE ASSESSMENT & MEDICAL INFORMATION ARE RECEIVED BY THE ADMISSIONS OFFICE. dsanderson@vhill.ca

- > The Admissions Co-Coordinator will contact the Community Case Manager/Referring Agent with a specific <u>date and time</u> for admission by Confirmation Letter.
- Please contact the Admissions Coordinator if a particular circumstance changes @ 306 764 2311 Or toll free 1855 764 7644.