



## Neyaashing Mshkikiiwan Wellness Program Intake Form

Participant General Information	
First Name: _____	Last Name: _____
Address: _____	Gender: F ____ M ____  Other _____
Date of Birth: _____ / _____ / _____ day    month    year Place of Birth: _____	Relationship status: _____
Contact number: _____    Secondary Number: _____	
Do you give Neyaashing Mshkikiiwan Wellness Program permission to contact you at these number?  Yes ____    No ____	
<i>Complete if applicable</i> First Nation Band Name: _____  Residing in First Nation? Yes ____ No ____  Status Number: _____	Do you have a Spirit Name: _____  Primary Language: _____
Emergency Contact: _____  Relationship: _____	Contact Number: _____  Contact Email: _____
Do we have permission to contact them in the case of an emergency? Yes / No	
Physician: _____	Physician Contact Number: _____  Physician Contact Email: _____
Do we have permission to contact your family physician for health related reasons? Yes / No	



## Neyaashing Mshkikiwan Wellness Program Intake Form

<p>Are you currently active in the court system?</p> <p>Scheduled court appearances:</p> <p>Date(s):</p>	<p>If yes, what charges?</p> <p>Are the charges pending?</p> <p>Will you have to attend court?</p> <p>Are you on probation?</p>		
<p style="color: red;"><b>If you are currently in active court, please provide probation order, court dates, and details of the charges.</b></p>			
<p><i>If on probation:</i></p> <p>Probation Worker:</p>	<p>Probation Contact Number:</p> <p>Probation Contact Email:</p>		
<p>Do we have permission to contact your Probation Worker? Yes / No</p>			
<p>What are your goals or priorities you are interested in achieving while at Neyaashing Mshkikiwan Land-Based Wellness Program?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reconnect with the land and traditional teachings</li> <li><input type="checkbox"/> Learn or deepen my understanding of cultural practices</li> <li><input type="checkbox"/> Participate in ceremonies or land-based activities</li> <li><input type="checkbox"/> Strengthen my identity and connection to community</li> <li><input type="checkbox"/> Strengthen my relationships with family or community</li> <li><input type="checkbox"/> Improve communication skills</li> <li><input type="checkbox"/> Build a support system with peers or helpers</li> <li><input type="checkbox"/> Improve my physical health and energy</li> <li><input type="checkbox"/> Learn healthier routines or daily habits</li> <li><input type="checkbox"/> Spend more time outdoors and physically active</li> </ul> </td> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strengthen my emotional well-being</li> <li><input type="checkbox"/> Build healthy coping skills</li> <li><input type="checkbox"/> Reduce stress, anxiety, or overwhelming feelings</li> <li><input type="checkbox"/> Begin or continue healing from grief or loss</li> <li><input type="checkbox"/> Work through trauma in a safe and supported way</li> <li><input type="checkbox"/> Increase my confidence and self-esteem</li> <li><input type="checkbox"/> Learn new life skills</li> <li><input type="checkbox"/> Set healthy boundaries</li> <li><input type="checkbox"/> Explore my goals and future direction</li> <li><input type="checkbox"/> Reduce or stop my use of substances</li> <li><input type="checkbox"/> Learn harm-reduction strategies</li> <li><input type="checkbox"/> Other goals or priorities:</li> </ul> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> </td> </tr> </table>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Reconnect with the land and traditional teachings</li> <li><input type="checkbox"/> Learn or deepen my understanding of cultural practices</li> <li><input type="checkbox"/> Participate in ceremonies or land-based activities</li> <li><input type="checkbox"/> Strengthen my identity and connection to community</li> <li><input type="checkbox"/> Strengthen my relationships with family or community</li> <li><input type="checkbox"/> Improve communication skills</li> <li><input type="checkbox"/> Build a support system with peers or helpers</li> <li><input type="checkbox"/> Improve my physical health and energy</li> <li><input type="checkbox"/> Learn healthier routines or daily habits</li> <li><input type="checkbox"/> Spend more time outdoors and physically active</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Strengthen my emotional well-being</li> <li><input type="checkbox"/> Build healthy coping skills</li> <li><input type="checkbox"/> Reduce stress, anxiety, or overwhelming feelings</li> <li><input type="checkbox"/> Begin or continue healing from grief or loss</li> <li><input type="checkbox"/> Work through trauma in a safe and supported way</li> <li><input type="checkbox"/> Increase my confidence and self-esteem</li> <li><input type="checkbox"/> Learn new life skills</li> <li><input type="checkbox"/> Set healthy boundaries</li> <li><input type="checkbox"/> Explore my goals and future direction</li> <li><input type="checkbox"/> Reduce or stop my use of substances</li> <li><input type="checkbox"/> Learn harm-reduction strategies</li> <li><input type="checkbox"/> Other goals or priorities:</li> </ul> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reconnect with the land and traditional teachings</li> <li><input type="checkbox"/> Learn or deepen my understanding of cultural practices</li> <li><input type="checkbox"/> Participate in ceremonies or land-based activities</li> <li><input type="checkbox"/> Strengthen my identity and connection to community</li> <li><input type="checkbox"/> Strengthen my relationships with family or community</li> <li><input type="checkbox"/> Improve communication skills</li> <li><input type="checkbox"/> Build a support system with peers or helpers</li> <li><input type="checkbox"/> Improve my physical health and energy</li> <li><input type="checkbox"/> Learn healthier routines or daily habits</li> <li><input type="checkbox"/> Spend more time outdoors and physically active</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Strengthen my emotional well-being</li> <li><input type="checkbox"/> Build healthy coping skills</li> <li><input type="checkbox"/> Reduce stress, anxiety, or overwhelming feelings</li> <li><input type="checkbox"/> Begin or continue healing from grief or loss</li> <li><input type="checkbox"/> Work through trauma in a safe and supported way</li> <li><input type="checkbox"/> Increase my confidence and self-esteem</li> <li><input type="checkbox"/> Learn new life skills</li> <li><input type="checkbox"/> Set healthy boundaries</li> <li><input type="checkbox"/> Explore my goals and future direction</li> <li><input type="checkbox"/> Reduce or stop my use of substances</li> <li><input type="checkbox"/> Learn harm-reduction strategies</li> <li><input type="checkbox"/> Other goals or priorities:</li> </ul> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		



## Neyaashing Mshkikiwan Wellness Program Intake Form

Are there any barriers or challenges you feel would keep you from accessing Neyaashing Mshkikiwan Land-Based Wellness Program?

- Transportation challenges
- Childcare or caregiving responsibilities
- Work or school schedule conflicts
- Lack of access to phone, email, or Internet
- Housing instability or difficulty leaving home
- Financial pressures that affect my ability to attend
- Mental health concerns that might affect participation
- Physical health or mobility challenges
- Substance use-related challenges
- Fear or discomfort in group settings
- Difficulty being away from home or community
- Feeling unsure about participating in land-based activities

- Feeling disconnected from culture or unsure about cultural activities
  - Past negative experiences with services or programs
  - Feeling nervous about meeting new people or helpers
  - Concerns about privacy or confidentiality
  - Weather concerns (heat, cold, snow, storms)
  - Limited access to appropriate clothing or outdoor gear
  - Other barriers or challenges:
- 

### Mental Health and Addictions

Have you been diagnosed with a mental illness/disorder? Yes / No

If yes, please indicate diagnosis: \_\_\_\_\_

Have you ever been hospitalized due to your diagnosis? Yes /No

Please share your last hospitalization date: \_\_\_\_\_

Have you ever experienced suicidal ideations or have attempted suicide? Yes / No

If yes, when was the last time this occurred?



## Neyaashing Mshkikiwan Wellness Program Intake Form

Please describe personal difficulties you are experiencing for which you are now seeking knowledge, understanding and coping skills for, all of which will help in your healing journey:

Are you willing to attend the Wellness Program with a member of your own Nation or Community?  
Yes / No

What substances do you currently struggle with?

When is the last time you used?

How frequent was your use?

How long had you been using?

**\*Please note that you may be required to attend a one-week detox session prior to admission to ensure your safety when beginning the program.**

### Health Information

When was the last time you had a medical or regular planned visit with your doctor?

In the last 3 months, how many hospital visits have you had?

Do you have any medical concerns that we should be aware of that may impact your ability to take part or participate in the Land Based Wellness Program activities?

Yes, Please list:

No

Do you require dental work prior to attending the Wellness Program? Yes / No



## Neyaashing Mshkikiwan Wellness Program Intake Form

Do you have any allergies that we should be aware of? Yes / No

If yes, please list all allergies and reactions to each:

Do you require an epi pen or an allergy medication for reactions?

Please list any prescribed medication or herbal medications that you are currently taking:

Name of prescribed medication:

Name of herbal medication:

Dosage:

Dosage:

Recommended or preferred time of day to take medication:

Recommended or preferred time of day to take medication:

Purpose of medication:

Purpose of medication:

What kind of activities do you enjoy doing?

How physically active are you?



## Neyaashing Mshkikiwan Wellness Program Intake Form

In the past 3 months, how often have you participated in outdoor activities?

<b>Aftercare:</b>	
Do you have a safe place to live after completion of the program?	
Who are you currently living with?	Do you have children?
Are any of your children involved in the Child Welfare System?	If so, please indicate if attending the wellness camp will improve your chances of getting them back into your care:
Do we have permission to speak with your worker?	
If so, please provide their name and contact information:	

<b>Income</b>	
What is your current source of income?	If employed, do you require a leave to attend the program?
<b>Family History &amp; Cultural Information</b>	
Did anyone from your family attend residential school?	If so, what family members?
Are you aware of the impacts this may have had on your family?	If so, how so?
Do you feel connected to your culture?	Are you exposed to your Indigenous language?



## Neyaashing Mshkikiwan Wellness Program Intake Form

Share a little about your culture, language and connection to the land:

Are you comfortable with participating in cultural ceremonies?

Have you previously participated in cultural activities?

Are there any spiritual practices that are important to you and that you would like us to know about? (e.g., ceremonies, church, smudging, fasting etc.?)

Do you feel like you have gifts, strengths, or talents?  
If so, please tell us about them.

### Additional Information

If there is anything else you would like for us to know about you, please tell us here:



## Neyaashing Mshkikiwan Wellness Program Intake Form

I agree to admittance into the Neyaashing Mshkikiwan Land Based Wellness Program and to the collection of personal information as required for admission.

I understand that the 3-month wellness program is voluntary, and I may choose to leave the program at any time, but I am also aware that Neyaashing Mshkikiwan requests 7 days' notice before leaving the program so that they may assist with a safe departure as a transition back to community and provide the time needed to gather personal belongings from locked storage.

This time allows me to make an informed decision for myself and to work with the program wellness counsellor to secure alternate supports. Transportation will ultimately be my responsibility, but they will assist with calls and arrangements if the 7 days' notice is provided.

I understand that the archival and use of personal information is protected by confidentiality and (PHIPA) Personal Health Information Protection Act. Personal information will not be shared without written consent unless ordered by a court of law; or if I present as a danger to myself or others, or if a concern is considered pertaining to my treatment in an emergency.

If a medical emergency arises that cannot be addressed by Neyaashing Mshkikiwan staff, we will arrange care at the nearest Emergency Department and notify the emergency contact as soon as possible.

**The information contained in this application is true to the best of my knowledge.** Please print and sign or acknowledge that you agree by typing in your name and date. If a referral source is completing the info on your behalf, we will require your signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_