HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

ONTARIO CENTRE FOR PROBLEM GAMBLING (OCPG)

BED-BASED DIGITAL DEPENDENCY TREATMENT PROGRAM: REFERRAL PACKAGE INFORMATION SHEET

PLEASE ENSURE THAT ALL OF THE REQUIRED FORMS ARE COMPLETED FULLY.

THE FOLLOWING FORMS SHOULD BE INCLUDED:

1. BED-BASED PROGRAM REFERRAL INFORMATION FORM
2. THE INTERNET ADDICTION TEST (IAT)
3. THE INTERNET GAMING DISORDER TEST (IDG-20)
4. GAIN-SS
5. FAMILY PROGRAM INFORMATION FORM
6. BED-BASED PROGRAM GUIDELINES – signed by the client and referring counsellor
7. MEDICAL CLEARANCE FORM* to be given to client for completion by family doctor *(the medical clearance form does not have to be completed to refer however, must be completed and submitted before the client attends their respective cycle)*

FAX COMPLETED PACKAGE TO 519-254-0093

For questions and assistance, please contact our Program Secretaries at 519-254-2112 or Intake Worker at 519-257-5111 ext. 76985.

Updated October 19, 2026

HÔTEL-DIEU GRACE HEALTHCARE

BED-BASED DIGITAL DEPENDENCY PROGRAM REFERRAL INFORMATION FORM

1. DATE:	2. GENDER ( ) MALE ( ) FEMALE ( ) OTHER	3. NAME OF CLIENT:	4. PHONE: ( ) Ok to call? YES ( ) NO ( ) Ok to leave a message YES ( ) NO ( )
5. ADDRESS:		6. CITY: POSTAL CODE:	7. DATE OF BIRTH DAY_____MONTH_____YEAR _____
8: Ok to email? YES ( ) NO ( ) Email address: _____		9. TYPE OF DIGITAL DEPENDENCE: ( ) Video games ( ) Internet ( ) Shopping ( ) Social Media ( ) Streaming ( ) Other _____	10. DIGITAL HISTORY: Last date of use: Years digital use has been a problem:
11. REFERRAL SOURCE (AGENCY & COUNSELLOR)		12. REFERRAL SOURCE ADDRESS: EMAIL:	13. REFERRAL SOURCE TELEPHONE #: REFERRAL SOURCE FAX #:
14. PREVIOUS TREATMENTS:		15. ANY MENTAL ILLNESSES Y ( ) N ( ) DIAGNOSIS: DIAGNOSIS: _____ DIAGNOSED BY: _____	16. ALLERGIES IF ANY (medicines, food, other): 17. DIET RESTRICTIONS IF ANY:
18. RELATIONSHIP STATUS:		19. # OF CHILDREN & THEIR AGES:	20. LANGUAGES SPOKEN:
21. PLACE OF EMPLOYMENT/SCHOOL:		22. SOURCE OF INCOME:	23. CLIENT ETHNICITY:
24. CHARGES PENDING: YES( ) NO( ) IF YES, LIST CHARGES:		25. CURRENTLY ON PROBATION/PAROLE: YES ( ) NO ( )	26. PROBATION OFFICER: PHONE #:

27.	**YES**	**NO**
Does this person have suicidal ideation?		
Does this person have a history of arson?		
Does this person have a history of violence?		

28. Does this person have a history of substance abuse? YES ( ) NO ( )

If yes, please list substances of choice:

29. MEDICATIONS CURRENTLY TAKING:

30. WHICH CYCLE OR DATE IS THE CLIENT SEEKING ADMISSION FOR?

HÔTEL-DIEU GRACE HEALTHCARE

BED-BASED DIGITAL DEPENDENCY PROGRAM REFERRAL INFORMATION FORM

31. PHYSICAL ISSUES AT PRESENT:	32. WHAT STAGE OF CHANGE IS THE CLIENT IN? ( ) PRE-CONTEMPLATION ( ) CONTEMPLATION ( ) PREPARATION ( ) ACTION ( ) MAINTENANCE	33. IS THE CLIENT CONSIDERING… ( ) ABSTINENCE ( ) HARM REDUCTION ( ) MODERATION ( ) OTHER _____
36. Does the referent have any concerns about the client's willingness to engage in program YES ( ) NO ( ) If yes, please explain:		
37. IS THERE A PLAN FOR PRE-TREATMENT? Explain (1-1 counselling, groups, GA, etc.).	38. IS THERE A PLAN FOR POST-TREATMENT? Explain (1-1 counselling, groups, GA, etc.).	39. DOES THE REFERRAL SOURCE OFFER AFTERCARE? YES ( ) NO ( )
40. Why does the client feel the need for bed-based treatment at this time?	41. What is motivating the client to change?	42. Can the client read/write English? YES ( ) MODERATELY ( ) NO ( )
43. ASSESSMENT DATE:		
44. Referent, please note any concerns or comments here:		

The Internet Addiction Test (IAT)

CLIENT NO _____ **DATE FORM COMPLETED** _____

LAST NAME _____ **FIRST NAME** _____

Internet Addiction Test (IAT) is a reliable and valid measure of addictive use of Internet, developed by Dr. Kimberly Young. It consists of 20 items that measures mild, moderate and severe level of Internet Addiction.

Instructions to Respondent:

Below is a list of problems and areas of life functioning in which some people experience difficulties. Using the scale below, fill in the box with the answer that best describes how much difficulty you have been having in each area. Please do not leave any questions blank. If there is an area that you consider to be inapplicable, indicate that it is 0 = Does Not Apply.

0	1	2	3	4	5
Does Not Apply	**Rarely**	**Occasionally**	**Frequently**	**Often**	**Always**

Item #	Question	Does Not Apply	Rarely	Occasionally	Frequently	Often	Always
1.	How often do you find that you stay on-line longer than you intended?	0	1	2	3	4	5
2.	How often do you neglect household chores to spend more time on-line?	0	1	2	3	4	5
3.	How often do you prefer the excitement of the Internet to intimacy with your partner?	0	1	2	3	4	5
4.	How often do you form new relationships with fellow on-line users?	0	1	2	3	4	5
5.	How often do others in your life complain to you about the amount of time you spend on-line?	0	1	2	3	4	5
6.	How often do your grades or school work suffer because of the amount of time you spend on-line?	0	1	2	3	4	5
7.	How often do you check your e-mail before something else that you need to do?	0	1	2	3	4	5

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8.	How often does your job performance or productivity suffer because of the Internet?	0	1	2	3	4	5
9.	How often do you become defensive or secretive when anyone asks you what you do on-line?	0	1	2	3	4	5
10.	How often do you block out disturbing thoughts about your life with soothing thoughts of the Internet?	0	1	2	3	4	5
11.	How often do you find yourself anticipating when you will go on-line again?	0	1	2	3	4	5
12.	How often do you fear that life without the Internet would be boring, empty, and joyless?	0	1	2	3	4	5
13.	How often do you snap, yell, or act annoyed if someone bothers you while you are on-line?	0	1	2	3	4	5
14.	How often do you lose sleep due to late-night log-ins?	0	1	2	3	4	5
15.	How often do you feel preoccupied with the Internet when off-line, or fantasize about being on-line?	0	1	2	3	4	5
16.	How often do you find yourself saying “just a few more minutes” when on-line?	0	1	2	3	4	5
17.	How often do you try to cut down the amount of time you spend on-line and fail?	0	1	2	3	4	5
18.	How often do you try to hide how long you’ve been on-line?	0	1	2	3	4	5
19.	How often do you choose to spend more time on-line over going out with others?	0	1	2	3	4	5
20.	How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back on-line?	0	1	2	3	4	5
	Totals						

Overall Score

Clinical Instructions:

Tally the responses of the client and share the following criteria.

Normal Range: 0-30 points
Mild: 31-49 points
Moderate: 50-79 points
Severe: 80-100 points

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The Internet Gaming Disorder Test IGD-20

CLIENT NO _____ **DATE FORM COMPLETED** _____

LAST NAME _____ **FIRST NAME** _____

Instructions: These questions relate to your gaming activity during the past year (i.e. 12 months). By gaming activity, we mean any gaming related activity that was played on either a computer/laptop, gaming console, and/or any other kind of device online and/or offline. Items answered in a 5-point scale: 1 'strongly disagree', 2 'disagree', 3 'neither agree or disagree', 4 'agree', 5 'strongly agree'; Suggested empirical cut off for the test: 71 points.

Item #	Statement	Strongly Disagree	Disagree	Neither Agee or Disagree	Agree	Strongly Agree
1.	I often lose sleep because of long gaming sessions.	1	2	3	4	5
2.	I never play games in order to feel better.	1	2	3	4	5
3.	I have significantly increased the amount of time I play games over last year.	1	2	3	4	5
4.	When I am not gaming I feel more irritable	1	2	3	4	5
5.	I have lost interest in other hobbies because of my gaming.	1	2	3	4	5
6.	I would like to cut down my gaming time but it's difficult to do.	1	2	3	4	5
7.	I usually think about my next gaming session when I am not playing.	1	2	3	4	5
8.	I play games to help me cope with any bad feelings I might have.	1	2	3	4	5

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International Gaming Research Unit, Psychology Division, Nottingham Trent University, Nottingham, UK

9.	I need to spend increasing amounts of time engaged in playing games.	1	2	3	4	5
10.	I feel sad if I am not able to play games	1	2	3	4	5
11.	I have lied to my family members because of the amount of gaming I do.	1	2	3	4	5
12.	I do not think I could stop gaming.	1	2	3	4	5
13.	I think gaming has become the most time consuming activity in my life.	1	2	3	4	5
14.	I play games to forget about whatever's bothering me.	1	2	3	4	5
15.	I often think that a whole day is not enough to do everything I need to do in-game.	1	2	3	4	5
16.	I tend to get anxious if I can't play games for any reason.	1	2	3	4	5
17.	I think my gaming has jeopardized the relationship with my partner.	1	2	3	4	5
18.	I often try to play games less but find I cannot.	1	2	3	4	5
19.	I know my main daily activity (i.e., occupation, education, homemaker, etc.) has not been negatively affected by my gaming.	1	2	3	4	5
20.	I believe my gaming is negatively impacting on important areas of my life.	1	2	3	4	5

Salience	
Mood Modification	
Tolerance	
Withdrawal Symptoms	
Conflict	
Relapse	
Total	

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Scoring

To obtain the raw subscale scores add values of items for each subscale. To obtain total Raw IGD-20 Score, add the six raw subscale scores.

To obtain mean subscale scores divide each of the raw subscale scores by the number of items in each subscale. To obtain a total mean IGD-20 score, add the six means subscale scores. The items that belong to each subscale are as follows:

Salience: 1, 7, 13
Mood Modification: 2*, 8, 14
Tolerance: 3, 9. 15
Withdrawal Symptoms: 4, 10, 16
Conflict: 5, 11, 17. 19*, 20
Relapse: 6, 12, 18

* Reversely scored items

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International Gaming Research Unit, Psychology Division, Nottingham Trent University, Nottingham, UK

To be filled out by the interviewer
Client Name: a._____ b. __ c._____ (First name) (M.I.) (Last name) Date: |__|__| / |__|__| / 20 |__|__| (MM/DD/YYYY)

GAIN Short Screener (GAIN-SS)

Version [GVER]: GAIN-SS ver. 3.0.1 CAMH

The following questions are about common psychological, behavioural, and personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0
IDScr 1. **When was the last time** that you had **significant** problems with…					
a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0
EDScr 2. **When was the last time** that you did the following things **two or more times**?					
a. Lied or conned to get things you wanted or to avoid having to do something	4	3	2	1	0
b. Had a hard time paying attention at school, work, or home.	4	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home.	4	3	2	1	0
d. Had a hard time waiting for your turn.	4	3	2	1	0
e. Were a bully or threatened other people.	4	3	2	1	0
f. Started physical fights with other people	4	3	2	1	0
g. Tried to win back your gambling losses by going back another day.	4	3	2	1	0
SDScr 3. **When was the last time** that…					
a. you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

(Continued) After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

CVScr 4. **When was the last time** that you…

a. had a disagreement in which you pushed, grabbed, or shoved someone?	4	3	2	1	0
b. took something from a store without paying for it?	4	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	4	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0

The original GAIN-SS (sections 1 through 4) is copyrighted by Chestnut Health Systems 2005-2013. For more information on the measure or licensure, please see *www.gaincc.org* or email *gainsupport@chestnut.org*.

Additional questions (CAMH modified)

After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

AQ5. **When was the last time** you had **significant** problems with… **(not related to alcohol/drug use)**

a. missing meals or throwing up much of what you did eat to control your weight?	4	3	2	1	0
b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?	4	3	2	1	0
c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	4	3	2	1	0
d. thinking or feeling that people are watching you, following you, or out to get you?	4	3	2	1	0
e. videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events?	4	3	2	1	0
f. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?	4	3	2	1	0

	Yes	No
5. Do you have other **significant** psychological, behavioural, or personal problems that you want treatment for or help with? (If yes, please describe below)	1	0

v1. _____

_____

6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other

v1. _____

7. How old are you today? |__|__| Age

7a. How many minutes did it take you to complete this survey? |__|__|__| Minutes

Staff Use Only

8. Site ID: _____ Site name v. _____

9. Staff ID: _____ Staff initials v. _____

10. Client ID: _____ Comment v. _____

11. Mode: 1 - Administered by staff 2 - Administered by other 3 - Self-administered

13. Referral: MH ____ SA ____ ANG ____ Other ____ 14. Referral codes: _____

15. Referral comments: v1. _____

Scoring

Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				
Supplemental questions	AQ5a-f				

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HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

CENTRE FOR PROBLEM GAMBLING AND DIGITAL DEPENDENCY
1453 Prince Road, E.L.M.S. Building
Windsor, Ontario N9C 3Z4
Phone #: 519-257-5111 ext. 76999 Fax: 519-254-0093 Email: pgsintake@hdgh.org

FAMILY AND FRIEND PROGRAM

Hôtel-Dieu Grace Healthcare Centre for Problem Gambling and Digital Dependency (CPGDD) believes that gambling and digital dependency (e.g., excessive internet/cell phone/gaming) can be a problem that affects not only the person afflicted, but also those who are involved in a significant relationship with the person.

Since we know that living or being involved with a gambler/digitally dependent person creates stress, mistrust and emotional pain, it can be helpful to family members and friends if they can receive some education about gambling and digital dependency and meet others who are experiencing similar difficulties.

CPGDD offers a program for family members and/or friends of individuals enrolled in our bed-based program. This one-day program offers information regarding gambling and digital dependency and the effects on family members and friends.

The program is offered on the second Saturday of your bed-based cycle. It runs from 9:30 a.m. until 4:30 p.m. and lunch is provided.

We strongly recommend that you invite your family and/or friends to attend this program. When you arrive for your bed-based program, you will have a few days to provide our staff with names and e-mail addresses or mailing addresses so we can send out an invitation(s) on your behalf.

Adolescents between the ages of 13 and 17 are welcome to attend when accompanied by an adult. Children under the age of 13 are not permitted to attend.

Please note that if you are attending the CPGDD 3-week bed-based program, there is an expectation that you invite loved ones to this family and friend day to be involved in your journey. This means inviting them to be physically present for the day. If unable to do so your counsellor can work with and support you in asking them to write an impact letter if they cannot attend in person for various reasons.

Be mindful that a key part of your time in the program will focus on acknowledging and addressing the ways others may have been affected by your behaviours. Allowing important people in your life to attend, participate, and learn alongside you is foundational in order to heal, understand, and move forward together.

HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

Ontario Centre for Problem Gambling (OCPG)
Gambling & Digital Dependency Treatment

PROGRAM INFORMATION GUIDELINES

1. Over the counter (OTC)/prescription medications and vitamins are permitted at OCPG pending these items arrive with you in their original containers with dosage and dispensing instructions. Clients are solely responsible for keeping medication locked in their own room and taking them as prescribed (self-administered). Medications/vitamins are for personal use only (not to be shared). Homemade dosette or pill organizers will not be permitted. If changes are made to your medications (new medications added, subtracted or adjusted) you are to ensure that staff is made aware of these changes at the time of your registration and/or throughout your time in the program. Please ensure that you bring a three (3) week supply of your medications.
2. Caffeine pills/drinks (energy drinks) are **not permitted**.
3. Stimulants or opiates that are non-prescribed are **not permitted.**
4. Clients must ensure that all medical and dental needs have been taken care of before attending treatment (if treatment is required).
5. Cell phones are not permitted to be used during the program. Cell phones will be turned into the Addictions Support Worker upon intake and returned to the client at discharge. Clients are permitted to use the landline phone on the OCPG unit for all outgoing phone calls. It is <u>not</u> required that you purchase any calling cards to make long distance calls (within Canada). Clients are permitted 30 minutes of phone time per day (which can be used in 15- or 30-minute blocks) M-F and 2 x 30 minutes on S-S (which can be used in 15- or 30-minute blocks). The time of your calls can fluctuate daily, however it cannot interfere with the program. **Clients are not to use pay phones in lobby or elsewhere.**
6. Food, laundry facilities and linens are provided. Please ensure that staff is aware of all diet restrictions before attending the program. Bring your own toiletries. Feel free to bring anything else that will make you feel more comfortable during your 3-week stay with us (e.g., pop, snacks, frozen meals, etc.) however, please be mindful not to bring an excessive amount.
7. Electric hair dryers, hair straighteners or curling irons are not permitted to be brought into the program (we have them here for you to use). Electric shavers are permitted. Also, smart watches and Fitbits are not permitted. Personal pleasure devices are not permitted.
8. You will be sleeping in a private bedroom with an attached bathroom. A cabinet with a lock is also provided for your personal belongings. Shower shoes/flip flops are recommended for shower use.
9. You will be required to attend fitness twice per week. Please let us know if you have any physical limitations. Please bring suitable workout clothing and running shoes.
10. No gambling, gaming and internet paraphernalia is allowed, including and not limited to cards, lottery, scratch, or Proline tickets. Luggage, bags, purses, etc. will be inspected by staff upon arrival.
11. Television, magazines, newspapers, radio, videogames, internet access, MP3 players and all electronic devices are all prohibited during your stay here. You are welcome to bring books/novels with you.
12. A mandatory appointment with our consulting Psychiatrist will be required while in the program.
13. Clients will be in program for approximately 85% of their time here, often from 8:00 a.m. to 8:00 p.m.

Updated October 19, 2026

14. No illicit drug or alcohol use is permitted while in program. It is recommended that you abstain from all recreational substance use (not including tobacco) 2 weeks prior to coming for treatment. Any illicit substances that are brought to OCPG will be disposed of and there is a potential for one to be asked to leave program as well.
15. Weapons are not permitted to be brought to OCPG.
16. Dress is to be appropriate, clean, and free of any sports teams or gambling/gaming/internet logos/advertisements. Clothing that works well for the beach, yard work, dance clubs, and sports contests may not be appropriate for our bed-based program. Clothing that reveals too much cleavage, your back, your chest, your feet, your stomach or your undergarments is not appropriate. In the event that your attire is deemed inappropriate, you will be asked to change your clothes. **All clothing will be placed in a dryer on high heat upon arrival** (this is to prevent bed bugs). Please do not bring any clothing that you would not like to be placed in a dryer (jackets included).
17. Casual shoes and sandals are appropriate for the daily program. Footwear is required at all times during program except in your individual room. No bedroom slippers are to be worn outside of your room during the program sessions.
18. It is strongly advised that you do not bring large amounts of cash, jewelry, or other valuable items. If you choose to bring some spending money, we advise that you limit it to $100 or less. A cabinet with a lock is provided in each bedroom for you to lock up any personal items. No borrowing or lending money. There is an ATM on campus if needed.
19. Break times and permission to leave OCPG will be discussed once on program.
20. In the event that you drive your vehicle to OCPG, please be aware that you will not be permitted to use your vehicle throughout the duration of your time on program.
21. As per a scent-free policy within Hotel-Dieu Grace Healthcare, the use of perfumes, colognes, body sprays, etc. are prohibited.
22. Bring your valid Ontario Health Insurance Plan (OHIP) Card.
23. If you get lost or require any assistance upon your arrival, **please call 519-257-5111 Extension 76990** to reach staff in the bed-based Treatment Program. Clients will be discharged from the program at 12:00pm on the last Friday of the 20-day program.
24. Smoking on the premises is prohibited, however, there is a designated smoking area off property which is not far to travel to.
25. Clients are encouraged to arrive between 2:00 pm and 10:00 pm. Those who arrive later than 11:00 pm will **not** be admitted to program (please call staff at the above noted number and extension should you get stuck during your travels due to inclement weather/unforeseen delays).
26. **** Note: If you have been ill (coughing, fever symptoms, etc.) in the last 48 hours prior to your cycle starting, please contact us for further information. If you become unwell during program, you will be asked to wear a mask and your time while on program will be re-evaluated and assessed further. ****

What we are doing to keep clients safe...

- Medical grade masks are available to clients on a daily basis if they wish to use them or pending they become ill.
- Hand sanitizer is available in all rooms and hallways
- A handwashing station is available on the unit for anyone to use
- Sinks are in each client's bedroom/bathroom area for personal use
- Bedrooms are private and thus easy to self-isolate if preferred/needed
- We request that each client will also be monitoring themselves for any changes in their health and expect that you will make staff aware
- Extra cleaning of commonly touched surfaces will be performed on a frequent basis

Please check both boxes below to indicate understanding.

☐ **I agree that I have read the above guidelines and commit to following them while at OCPG.**

☐ **I am aware that should I choose to leave OCPG or I am asked to leave OCPG that I am responsible for making arrangements to return home. HDGH will not be held liable for any costs incurred as a result of a client choosing to leave or being asked to leave program.**

_____ _____

Client Signature Date

_____ _____

Referral Agent Signature Date

HÔTEL-DIEU GRACE HEALTHCARE
EST2 1888

BED-BASED PROGRAM
MEDICAL CLEARANCE FORM
ONTARIO CENTRE FOR PROBLEM GAMBLING

Client: _____

D.O.B.: _____ (mm/dd/yyyy) _____

Healthcard #: _____

Version Code: _____

Date: _____ (mm/dd/yyyy) _____

Does client have any communicable diseases? ☐ Yes ☐ No
If yes, please specify: _____

Is client on any medication(s)? ☐ Yes ☐ No
If yes, please list below.

Medication	Dosage	Duration

Does client have any allergies? ☐ Yes ☐ No
If yes, please specify: _____

Does this client have any other pre-existing medical conditions that may inhibit their participation in this program? Please list all below.

_____

_____

Is this client able to:
Sit in a chair for up to 2 hours? ☐ Yes ☐ No

Is this client medically fit to attend the 21-Day Bed-Based Program or 6-Day Bed-Based Refresher Program at HDGH Ontario Centre for Problem Gambling? ☐ Yes ☐ No

Is this client able to self-administer medications and keep those medications at bedside (in a locked cabinet) independently while on program at HDGH? ☐ Yes ☐ No

Psychiatry Consult (only applicable for the 21-Day Program) ☐ Yes ☐ No

If client is not cleared for participation in program, please give reason: _____

_____

_____

_____
Physician Signature

_____
Physician Address

_____ (mm/dd/yyyy) _____
Date

_____
Physician Phone Number

Please fax this form to the Ontario Centre for Problem Gambling 519-254-0093