



Poundmaker's Treatment Center
Referral form Detox Application Form
Phone: (780) 458-1884 Fax: (780) 459-1876

Date of Application: _____

Client Name: _____

Date of Birth: _____

PHN: _____

Treaty Number: _____

Client Phone: _____

Client Address: _____

Next of Kin: _____

(Relation)

Phone number: _____

Has client been provided with program information? Yes No Comments:

Is the client pregnant? Yes No NA

Safety Risk
(Suicidal/Homicidal Ideations) Yes No Comments:

Is there a psychiatrist/physician involved in clients care? Yes No

Physician Info

Name: _____ Phone: _____

Fax: _____

Has the client had a mental health assessment completed? Date of assessment _____

Psychiatrist Info

Name: _____ Phone: _____

Fax: _____

Substance use:

Substance	Frequency	Amount	Route	Last Use

Has the client been medically assessed for withdrawal? Yes No

Please provide detail.

Seizure History - Withdrawal Seizures Yes No

- History of Epilepsy Yes No

Date of Client's last medical: (Please attach if within past 6 months) _____

Outstanding medical issues Yes No Comments:

Is the client on Suboxone/Methadone? Yes No

Stabilized Dose: _____

If no, is the client open to initiation? Yes No

Is the client open to cultural/spiritual components of treatment? Yes No

Current Legal Issues?

Current Child Welfare Issues?

Motivation for Treatment/ Existing treatment plans:

Physical Limitations:

Additional concerns:

Referral Source:

Current Medications:

Medication	Frequency	Amount	Route	

Additional Information:

I (client)_____ give Poundmaker's Lodge Treatment Centres permission to contact any/all of my supports including (but not inclusive to) Referral,

Doctor, Psychiatrist, Child Welfare Worker, Lawyer, or any other persons supporting in my mental, physical, emotional, psychological, spiritual well being.

_____ (Print)

_____ (Signature)

Client

Date

_____ (Print)

_____ (Signature)

Witness

Date