



Detox Application - Referral 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? Please provide detail:

Seizure History

Withdrawal Seizures? Yes No

History of Epilepsy? Yes No

Date of clients last medical? _____

Please attach if within past 6 months

Outstanding medical issues? Yes No

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 wellbeing.

CLIENT (PRINT): _____

CLIENT (SIGNATURE): _____ **DATE:** _____

WITNESS (PRINT): _____

WITNESS (SIGNATURE): _____ **DATE:** _____