



PRE-ADMISSION READINESS FORM

Recovery requires readiness. This form must be completed before a client is considered for admission to a Revolution Recovery home. Dishonesty, misleading or incomplete information may be grounds for refusal of admission or immediate discharge.

Client name: _____ Date: _____ Staff member: _____

PART ONE – RECENT USAGE HISTORY

What is your primary substance of choice over the past 30 days? _____

How much and how frequently? _____ When did you last use? _____

What other substances have you used over the past 30 days? _____

How much and how frequently? _____ When did you last use? _____

For heroin and opiate users: Revolution Recovery requires clients to be fully detoxed on arrival OR arrive with an unfilled Methadose (maximum 4mL) or Suboxone prescription in hand. Clients at Revolution Recovery are not permitted to start a new Methadose or Suboxone program after admission. Sorry, no exceptions.

For alcohol or benzodiazepine users: Revolution Recovery requires seven days of clean/sober time before admission, preferably in a medically supervised detox. Evidence of ongoing withdrawal is grounds for refusal of admission or immediate discharge. No exceptions – unsupervised alcohol or benzodiazepine withdrawal can lead to fatal seizures.

PART TWO – MEDICAL EVALUATION

All clients must meet with a doctor prior to admission. Revolution Recovery will fax or email the attached medical evaluation form for the doctor to complete and fax back to 604-503-2143

Form received and reviewed by: _____ Date: _____

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PART THREE – LEGAL

Do you have any ongoing involvement with the criminal justice system? This includes: outstanding warrants, bail check-in, court appearances, probation appointments. Describe, including name, location, and phone number of supervisor / lawyer / probation officer.

Revolution Recovery staff must be satisfied your commitments can be reasonably managed.

PART FOUR – FUNDING

What is your funding source? WELFARE DISABILITY SELF-PAY OTHER: _____

Clients who select welfare or disability must provide a GA number: _____

OTHER NOTES:



Pre-Admission Medical Evaluation

Physician: Please complete this form with your patient
and fax to Revolution Recovery, attention Admissions, at 604-503-4206.

Your patient is to be medically assessed as a potential participant in our residential treatment program. Revolution Recovery is not a medical facility.

Our program is designed to help people who acknowledge that their drinking and/or drug use has interfered with their effective functioning and who are physically and mentally ready to participate in an intensive program. Client medications are delivered daily by an outside pharmacist and stored in a secure location. Staff release medication for clients to self-administer according to your written prescription.

To assist Revolution Recovery in assessing this patient's suitability for treatment, and ongoing care while in treatment, please provide the following details.

Name of Patient:	
Date of Birth:	
PHN# (Care Card):	
Name of Physician:	MSP #
Telephone Number:	Fax Number:
Mailing Address:	
Referral Date:	

I hereby permit the exchange of information between Revolution Recovery and my Physician, any Mental Health office, Psychiatrist, Pharmanet, Health Records Departments or other medical staff involved in my care. This consent will expire in 12 months from the date below.

Patient's Signature:
Date:

Note: If the above consent is not signed, this application will not be processed

How long have you been caring for this patient?

0-3 Months	3-6 Months	6 –12 months	12 months or more
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Medical / Psychiatric History

AREAS OF CONCERN:

1
2
3
4
5
6
7
8

CURRENT PRESCRIPTIONS (not including Methadose/Suboxone):

Name	Dosage	Start date	End date	Reason

METHADOSE / SUBOXONE PRESCRIPTIONS:

Current dose:
Length of time on current dose:
Prescribing Doctor's name and MSP #
Phone number:

We require clients to bring unfilled originals of their Methadose or Suboxone prescription with them on their admission date.

ALLERGIES:

Drug Allergies:
Food Allergies:
Diet Restrictions: (medical or religious):