CENTRAL ADDICTION INTAKE REFERRAL ASSESSMENT
RESIDENTIAL SUBSTANCE USE SERVICES (STLRs & Treatment)

Central City lodge, New Dawn, Together We Can, Turning Point & Pacifica Treatment Center

INSTRUCTIONS:

This referral must be completed by a counselor or health care professional who is supporting this individual with their on - going recovery/care plan.

2. CAIT - REFERRAL intake form.pdf

Please complete the attached referral information form 2:

REFERRAL ASSESSMENT

VCH referrals please complete the MHSU assessment on PARIS –check this has been completed on Form 2

Non-VCH referrals –please complete the referral Assessment (below) electronically then print off the completed form to fax to CAIT

- The "TIPs" in each section are for guidance only and can be deleted before you enter the client's information.
- Gather as much information as possible to support CAIT and the residential facility intake workers to make be able to make a well informed decision about your client's appropriateness for admission to the facility.
- The space between headings will expand as you type in each section.

ADDITIONAL FORMS

3. CAIT - REFERRAL addendums.pdf

Please print off additional forms before completing. These Include

1. **Consent to release information / Consent for Pharmanet**
2. **Early exit transition plan**
3. **SDSI Funding verification**

Please fax all completed forms to Central Addiction Intake Team at 604 681-1894

QUESTIONS or GENERAL INQUIRIES

The Central Addictions Intake Team
Phone: 604-675-2455 Ext. 22564 for Pacifica, Together We Can & Turning Point

Phone: 604-675-2455 Ext. 22563 for Central City Lodge & New Dawn

Hours of Operation: 8:30am-4:30pm, Monday to Friday

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ASSESSMENT for CLIENT NAME: _____ REFERRAL DATE: _____

Referral Reason & presenting situation:

Tip: Include details of the presenting situation and current functioning as described by the client, the referral source, family or others concerned. (delete)

History of presenting situation/History of presenting illness:

Tip: Include a description of the onset and development of the presenting problems, fluctuations in their severity and their impact on the individual's life and environment. Identify any collateral information as such. (delete)

Physical and Medical History:

Tip: Include past and current physical, medical, surgical, and obstetrical history (as applicable), accidents (including brain injuries), seizures, and any relevant lab work, tests/scans, from childhood to adulthood. (delete)

Medications:

Tip: List current medications including OTC, relevant vitamins and herbs. (delete)

Psychiatric History/Mental Health History:

Tip: Include a description of past psychiatric illness including hospitalizations and other past treatment and support (e.g. past medication trials, neuro-stimulation, and other therapies). (delete)

Substance Use treatment and Supports:

Tip: Include current and past substance use treatments such as maintenance therapies, withdrawal management, harm reduction, individual, group, peer supports, treatment programs, support recovery, and specialized supports. Include information about Methadone or Suboxone (delete)

Family Medical & psychiatric History

Tip: Include family medical, psychiatric history and relevant family substance use history. (delete)

Personal & Social History:

Tip: Include personal history (family background and strengths) and current psychosocial factors (e.g. activities of daily living, housing, finances/income, education/work, community supports, cultural identity and spirituality, gender identity and expression, sexual orientation and relationship status). (delete)

Legal History:

Tip: Include current and past legal issues, involvement with law enforcement, formal financial and health care decision makers and documents (e.g. representation agreements, power of attorney, wills). Include any representatives in the Unregistered Contacts grid. Any court dates? Probation? (delete)

Mental Status:

Tip: Include appearance, attitude, behaviour, mood and affect, speech, thought process, thought content, perceptions (e.g. hallucinations), cognition (e.g. alertness, orientation, attention, concentration, visuospatial, language and executive functions), insight and judgement. (delete)

Risks:

Tip: Include risks (e.g. harm to others, self-harm, suicidality, harm by others, child protection, violence in relationships) and severity (e.g. current ideation, intent, plan, approximate dates of previous attempts, and information regarding lethality of attempts). delete)

Assessment Summary and Treatment Recommendations

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A synopsis of the main points from your assessment. Why is your recommended placement most suitable for this client? Please note any specific or unique needs the person may have during treatment. (delete)

Signature: of person making this referral