Thorpe RECOVERY CENTRE

Applicant Pre-Admission Medical Assessment

To be completed by the applicant's physician.

ATTENTION PHYSICIANS

Thorpe Recovery Centre is an addiction treatment centre that provides medically supported detoxification, residential addiction treatment, continuing care, and support programs for family members who are affected by the disease.

Programming is available to adults over 18 who struggle with drug, alcohol, sex, and/or gambling addictions.

Medically Supported Detox is a minimum of 7 days of support during the withdrawal of drugs and/or alcohol. Medical Staff are on-site to assist in the mitigation of withdrawal symptoms. Clients are expected to participate in programming (process groups, lectures, community activities) once able.

Residential Addiction Treatment is a minimum 42-day program that can be extended to 90 days, depending on the needs of the client. Those enrolled in Residential Addiction Treatment must have a minimum of 7 days clean/sober before admission.

We require that the following medical assessment be completed prior to treatment, preferably by the client's primary care physician. Please complete the form with as much detail as possible including all prescribed and over-the-counter medications and supplements that you are recommending your patient take while in treatment.

MEDICAL CHECKLIST:

- ☐ All medications must be listed and approved by the physician prior to treatment. If there are any changes prior to the admission date, a new form must be completed or an amendment made to the original form and signed by the original physician.
- ☐ Clients must be stabilized on their medications by the date of admission. We request that any necessary adjustments are made 4-6 weeks prior to the treatment start date.
- ☐ Please review the restricted medications list (attached) and note that the client will not be permitted to use or access these medications while in treatment.
- ☐ If the client's medical or psychological condition changes before the scheduled admission date, please contact the Thorpe Recovery Centre.
- ☐ All medications must be in blister-packed and quantities should last the client the course of treatment (8 weeks) at the Thorpe Recovery Centre.

Feel free to contact our Medical Team, at 780-875-8890 with any questions or concerns.

Thank you for your careful consideration and completion of this document.

Sincerely,

Thorpe Recovery Centre Admissions & Medical Teams

Submit this completed Medical Assessment to admissions@thorperecoverycentre.org

Applicant Pre-Admission Medical Assessment

The following information is to be completed by a medical professional, not by the Applicant. All physical and mental health information is critical in planning a successful treatment plan.

Patient Name **(Last, First, Initial)**		**Date of Birth** **(YYYY-MM-DD)**		**PHN**	**Prov.**
Height	Weight	Temperature	Pupils	Heart Rate	Blood Pressure
Skin		Diaphoresis		Tremor	
Needs assistance ambulating or providing self care? ☐ No ☐ Yes:					

Does the applicant have or had been treated for:	**No**	**Yes**	**Please elaborate its impact on current functioning:**
Loss of consciousness , coma, or blackouts?			
Frequent, chronic or severe headaches?			
Head injuries/serious falls/car accident			
Childhood/adults illness (high fever/serious infection)			
Epilepsy (seizures)			
Dizzy spells			
Allergies *specify*			
Sleeping disorders			
Heart disease or heart problems			
Stroke			
Cancer or other tumors *specify*			
Diabetes or thyroid disorders			
Abdominal or stomach problems			
Genitourinary problems (recurring UTIs)			
Back or joint problems			
Skin disorders			
HIV			
Hepatitis			
Sexually transmitted infections *Indicate last test date*			
Lung conditions or respiratory problems (Asthma)			
Tobacco use *specify*			
Glasses/contacts or visual problems			
Hearing impaired			
Present of/exposure to communicable disease (lice, scabies, bed bugs)			
Any other medical condition or symptom			
Pain: ☐ Acute ☐ Chronic			
Pregnant			
IV drug use			
Hospitalization in the last year? *Indicate dates, reasons, length of stay*			

Thorpe
RECOVERY CENTRE

Patient Name (Last, First, Initial)	**Date of Birth (YYYY-MM-DD)**	**PHN**	**Prov.**

TB SCREENING	**No**	**Yes**	**Comments**
Presence of cough lasting more than 2 weeks			
Weight loss ____lbs ____ length of time			
Night sweats			
Fever			
Fatigue			
Haemoptysis (Blood in Sputum)			
Recent or past exposure to TB & treatment			
Previous significant Mantoux Result or chest X-Ray results			
Extensive travel (or birth) in a country with a high incidence of TB			
Other risk factors for infection (aboriginal, elderly, homeless, healthcare worker)			
Poor general health status and risk factors for progression of disease			

MEDICAL APPROVAL

In your opinion is this patient medically stable and appropriate for admission to Residential Addiction Treatment? ☐No ☐ Yes

Physician's Name	**Signature**	**Date (YYYY-MM-DD)**

PSYCHIATRIC REVIEW/ HISTORY *(please attach any psychiatric evaluations and/or discharge summaries)*

Addictions- note date of last use, pattern of abuse and severity of addiction *alcohol, cocaine, opioids, cannabis, gambling, tobacco, etc.*

Primary	Secondary	Tertiary

GAF Score:	Last Assessment (YYYY-MM-DD)

Has the applicant seen a psychiatrist? ☐No ☐ Yes:	Who	When (YYYY-MM-DD)

Diagnoses	**DSM-5**	**Treatment**

Are any of the following present?	**No**	**Yes**	**Comments**
History of self Harm or Suicide *when, how, resolution*			
Delusions or Hallucinations			
Confused or disorganized behaviours			

Are any of the following sufficiently impaired to interfere with emotional or cognitive functioning:

			Comments
☐ Abstract Thinking	☐ Concentration	☐ Literacy/Numeracy	
☐ Attention	☐ Impulse Control	☐ Memory	
☐ Comprehension	☐ Judgement	☐ Verbal Skills	

PSYCHOLOGICAL APPROVAL

In your opinion is this patient psychologically stable and appropriate for admission to Residential Addiction Treatment?
☐ No ☐ Yes

Physician's Name	**Signature**	**Date (YYYY-MM-DD)**

Patient Name (Last, First, Initial)	Date of Birth (YYYY-MM-DD)	PHN	Prov.

At Thorpe Recovery Centre, we have ***a restricted medication list*** which indicates medications we do not allow the clients to enter treatment with. Please see the following page for further details.

MEDICATIONS (INCLUDE PRN, OTC AND SUPPLEMENTS) *(if more room is needed, attach certified list)*

Medication	Dose	Route	Freq.	Reason given	Start Date	End Date	Prescriber

Comments/ Potential Side Effects

Medication Taper Plan

ADMISSION DIAGNOSIS

Please provide a brief history of present active medical conditions, provisions for any follow up, or pertinent physical examination findings.

Physician's Name	Signature	Date (YYYY-MM-DD)

Mailing Address				
City/Town	Province	Postal Code	Phone	Fax
Primary Physician's Name (if different than above)			Phone	Fax
Other (e.g. psychiatrist or other specialist relevant to this admission)			Phone	Fax

***Please ensure the medical portion is <u>signed and stamped</u> by the medical physician who completed the forms. Failure to do so may cause delays in processing your application.**

Physician's Stamp

Restricted Medications

The following is a non-exhaustive list is for common medications. We have indicated those that are Safe (approved) and Unsafe (restricted) for use for persons at Thorpe Recovery Centre.

(Note: This list is not exhaustive and other medications may be subject to restriction)

UNSAFE		
Medications that contain Opiates • 222, 282, 292, 692, Darvon (Propoxyphene) • Codeine • Demerol • Dilaudid • Fentanyl • Fiorinal Plan ¼ or ½ • Leritine • Levo-Dromoran • Morphine (Kadian) • Nabilone • Percocet • Percodan • Talwin • Tylenol 1, 2, 3 or 4	**Nerve and Sleeping Medications** • Benzodiazepines • Dalmane • Halcion • Librium • Restoril • Seconal • Serax • Tranxene • Tuinal • Xanax • Zopiclone (Imovane)	**Muscle Relaxants** • Flexeril • Parafon • Robaxacet **OTC medications containing alcohol, caffeine, codeine, diphenhydramine or antihistamines** • Actifed • Benydryl • Chlortriplon • Dimetap • Dristan • Gravol
	CNS Stimulants • Dextroamphetamine (Dexedrine) • Lisdexamphetamine • Methamphetamines	**Miscellaneous** • Diet supplements or aides • Essential Oils • Herbal supplements *(St. John's Wort, Raspberry Keytones)* • Steroids • Gabapentin
SAFE		
Pain Management • ASA or Aspirin • Advil or Ibuprofen • Midol • Tryptan (Rx Only)	**Anti-Anxiety and Antidepressants** • Buproprion • Buspirone (Buspar) • Citalopram • Desipramine • Effexor (Venlafaxine) • Elavil • Imitrex • Luvox (Fluvoxamine) • Mirtazapine • Morex • Paxil (Paroxetine) • Prozac (Fluoxetine) • Seroquel (Quetiapine) • Serzone • Trazodone (Desyrel) • Zoloft (Sertraline)	**Non-Sedating Antihistamines** • Seldane • Claritin • Hismanil **Sleep Aids** • Epsom Salt • Melatonin • Calcium (333mg) Magnesium (167mg) with VD3 (5mcg)