



MARY BASIL – ADMISSION CHECKLIST / REFERRAL

Referral Source: _____

PHN: _____

Patient Name: _____

DOB: _____

Patient's Phone Number: _____

Allergies: _____

1. **Plan G initiated:** Please fill out Plan G application and send a copy with application package.
2. **Safety:** Inclusion / Exclusion criteria reviewed.
3. **Urine Drug Screen** (completed if necessary) – please attach results
4. **Lab requisition:** if required
5. **Substance Withdrawal Plan:**
 - ALCOHOL:** Medications ordered as per protocol (included in this package)
 - OPIATES:** Medications withdrawal orders as per protocol.
 - Suboxone initiation orders if required
 - BC Centre on Substance Use/Ministry of Health Guideline for the clinical management of Opioid use disorders states: Withdrawal management alone is not an effective treatment for opioid use disorder, and offering this as a standalone option to patients is neither sufficient nor appropriate.*
 - STIMULANTS:** Medications ordered as per protocol (included in this package)
6. **Concurrent medical conditions:** if any

7. **Concurrent psychiatric diagnosis:** if any

8. **Prescriptions:** completed/attached for all 'other' medications required during stay
9. **Housing:** Detox program staff will work with the individual to link to resources in the community to support finding suitable housing if needed. If homeless the client is aware he/she may be discharged back to a homeless state.
10. **Handouts for clients:** "What to Bring" and "Occupancy Guidelines" given to client for review.

Fax copies of all documentation to Mary Basil House (250) 426-4663

11. As referring Physician, I am prepared to follow the patient while in the program,

OR

Mary Basin on-call Physician to follow the patient while in the program

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE _____

DATE: _____ CONTACT NUMBER _____