



Screening / Eligibility / Scheduled Assessment

Name: _____

Appointment Time: _____

Appointment Date: _____

Contact Info (if not self)

Name: _____ Phone Number: _____

Date: _____ Time: _____ Relationship: _____

Client Info

Name: _____ DOB: _____

SS# _____

Address, City, State, Zip: _____

Phone: _____

Emergency Contact: Name: _____ Phone: _____

Employer: _____

Funding Source:

____ Insurance Company: _____

____ Private Pay Who: _____

____ County Which: _____

Name of county funding Agent (Request authorization be sent) _____

Contact Phone # for Provider: _____

Policy #/Member #: _____

Group #/Subscriber#: _____

Group Name: _____

Coverage Start Date: _____

Outside of Network/Residential Treatment

Coverage amount: _____

_____ % Covered, remaining _____ % of expenses is considered co-insurance.

Deductible is _____/individual and _____/family

Co-Pay is _____ Authorization Required: Y / N

Phone number to call for Authorization: _____

Demographic and History of Client: _____

History of Abuse: _____

Drug of Choice: _____

Date and amount of last use: _____

Prior Treatment: _____

Current Medications: (all medications must be accompanied by a doctor's order) _____

Health Issues: _____

History of seizures: _____

Legal Issues: _____

Probation Agent/County: _____

Medical Clearance Form (TB, Hep C, STDs) needs to be completed before admittance.

If detox is needed, order needs to be faxed to Pathways prior to treatment, and referral sent to Pathways Detox.



Pathways to a Better Life Detox Admission Process

Admission to an addiction detoxification center like Pathways can be stressful. However, it may be the only way to find freedom from the hold of alcohol and drug addiction. At Pathways, we try to help all clients feel welcome throughout their time at our facility, from their initial admission to their newfound freedom at discharge.

Clients must go through the following process prior to the time of Admission:

- 1. Eligibility Screen:** Client must call Pathways office for an initial assessment and eligibility screening. Client should have their insurance cards ready and/or any additional funding source information. Pathways Intake Coordinator will then obtain some basic demographic information, a brief medical, legal, and substance abuse history, and medication list.
- 2. Scheduled Intake Date:** Pathways Intake Coordinator will then pass this information on to the Medical Director and Director of Nursing for approval. If approved, Pathways will then call the client to set up an intake date and explain the next step in the process. At this time, Clients must obtain a physician signed medication order for all prescriptions and have faxed to Pathways at 920-894-1373.
- 3. Medical Screening and Exam:** The new client must be medically cleared at a hospital between the hours of 6am and 2pm. (See Pathways Clearance Form) Sometimes we learn at this point that detoxification services are needed at the hospital and those arrangements are worked out with the client and, when needed, the family/representative. Once medically cleared from the hospital, the client **MUST REMAIN SUPERVISED** at the hospital until Pathways transport arrives to transport them from the hospital directly to Pathways Detox Center. (If client is a smoker, the Transport driver will allow the client a few minutes to have a cigarette before admitting to Detox.)

Clients go through the following process at the time of Admission:

- 1. Greetings:** Pathways hours of admittance to our Detoxification program are 9:00am to 5pm. Admission times are set by appointment only. Upon arrival, clients are greeted by staff. A private meeting is then held with the new client to answer any questions and further prepare them for their experience at Pathways.
- 2. Paperwork-** Staff will then assist the client in completing all necessary paperwork. Payment information is reviewed and money is collected, as needed, at this time.
- 3. Room Assignment and Assessments:** Staff will assign a room and let the client get settled in. Medical staff and Clinical staff will then meet with client to do assessments and develop an individualized care plan.



To Medical Professionals:

Please complete the following form to confirm medical clearance for admission to Pathways Detoxification Center.

Client Name: _____ DOB: _____

Date/s of Visit: _____

Per your observation or personal statement by the client, is the client (all required for admission):

Free from Communicable Disease (including, but not limited to):

- Hep A, B, or C
- STD's
- Skin Infections
- MRSA

Does the client have history of any of the following (may require additional information upon request):

- Active infection
- Multiple medical comorbidities
- Associated use of benzodiazepines

Any of the following disqualifies the client from services at our Sub-Acute Detoxification Center:

- Prior history of seizures in relation to alcohol detox
- Prior severe withdrawal
- Acute electrolyte imbalances (unless corrected with orders from PCP or ERMD)
- Marked autonomic hyperactivity

Ambulatory without assistance? Y or N (please circle)

Any other medical concerns/diagnosis that we should be aware of: Y or N (please circle) and explain:

If applicable, TB results:

PPD: Date Placed: _____ Where Placed: _____
 Date Read: _____ Result: _____

CMP: please fax these results

Please contact Pathways Detoxification Center if you have any question regarding this form or allowable medications. Results can be faxed to 920-894-1373. Thank you!

Medical Professional Signature Date

Name of Clinic/Hospital



What to Bring to Detox

Clothing

Bringing approximately 3-5 comfortable outfits would be acceptable. Our building has onsite laundry available for residents to use to accommodate any needs you may have.

Suggested clothing items you may want to bring with you:

- Shoes
- 3-5 shirts, pants, shorts
- Socks
- Undergarments
- Jacket/coat
- Robe
- Slippers
- Pajamas

Don't Bring: Clothing that is suggestive or that represents drug or alcohol use.

Personal Care Items

Due to many personal hygiene products containing alcohol, we provide shampoo, body wash, and moisturizer.

Some personal care items you may want to bring with you:

- Toothbrush/toothpaste
- Hairbrush
- Deodorant

Don't Bring: Any personal care items containing alcohol.

Medications

Please bring all your current prescription medications in their original packaging.

Miscellaneous Important Items

Considering you will also have down time, you will have time to reflect upon your life: present, past, and future. It helps to have a journal on hand to record how things are going, how you are feeling, or simply to record your goals and dreams. Also, if you are a reader, books and magazines are also permitted if they don't promote drug paraphernalia or substance abuse.

- Books or magazines
- Personal journal
- Insurance card
- Driver's license

Don't Bring: Laptops, MP3 players, cellphones, games, permanent markers, weapons

Upon arrival at our facilities, you will go through an evaluation process in which all your items will be searched and inventoried. This is to ensure no prohibited items or substances are being brought into the facility and to ensure that all items are returned to you upon discharge.

Items such as drugs, alcohol, drug paraphernalia and weapons are strictly prohibited, as well as any item that is suggestive of drugs or alcohol use, such as clothing, CD's and movies representing substance abuse.