

# Tarzana Treatment Centers

## Detox Admission Pre- Screening

This pre-screening form is to be filled out by a Tarzana staff member when patients are referred for admission to Detox or when a patient is placed on the waiting list. All questions must be answered and this document attached to the referral in the referral log. Once reviewed, intake staff will give you a scheduled date.

Patient Name	
Gender	
Date of Birth	
Social Security Number	
Patient or Contact Phone Number	
What drug(s) is patient using?	
<u>Date of last use</u> of any chemical substance ( drugs or alcohol)	
If former or current patient of TTC what is the Avatar ID?	
Has patient received alcohol or drug treatment services from TTC? If yes, discharged when?	
Has Pt. ever been discharge for fighting or using drugs	
What Contract is patient eligible for?	
If Cal-Works, enter case number	
If Prop 36, enter TCPX number	
FSP number	
If Prop 36, enter days they have left under inpatient treatment	
If General Relief, enter case number	
<p>Is the patient on methadone?</p> <p>(We can only schedule the admission of methadone patients between 7:30am and 11:00 am. Methadone Clinics are only open until 1pm. Patient will not be admitted without 14 day dosing sheet. Methadone patients cannot be admitted on Holidays.)</p> <p>(If patient is receiving methadone from an MD's office, they need to bring the bottle of Methadone and a letter from Dr. stating how long they have been on methadone and current milligrams.)</p>	
If on methadone, current dose in milligrams	
<p>Have you informed the patient that they will not be allowed to take any type of Benzodiazepines or opiates? They are considered contraband and will not be returned to the patient.</p>	
<p>Is the patient on any prescribed medications?</p> <p>(The patient must bring a supply of any prescribed medication in the bottle provided by the pharmacy and indicating the patient's name. If medication is not in prescribed bottle they will be consider contraband. Pt. is not allowed to bring weekly or monthly medication organizer.)</p>	

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How many bottles of medication will patient bring?	
What medical problems does patient have?	
What Psychiatric issues does patient have?	
<p>Has pt. been hospitalized?</p> <p>If patient has recently been hospitalized to a medical hospital or psychiatric ward we will need a clearance before scheduling patient. The medical/psych clearance will be reviewed by the TTC detox/rehab Director and nursing director. Once approved patient will be scheduled</p>	
Is patient able to eat, walk, or bathe themselves without assistance?	
Does patient have any open lesions/wounds?	
Does patient have a history of Seizures –if yes date of last seizure	
Does patient use a C-PAP machine or dependent upon oxygen?	
Is patient currently experiencing chest pain?	
Does patient have any history of heart problems?	
<p>Is patient diabetic?</p> <p>(If patient sugar count is .....</p>	
Has patient had a head injury in the last six months?	
<p>Are you pregnant?</p> <p>If yes: Which Trimester</p> <p>( Pregnant women need to be in there second trimester and TTC staff will give patient a letter "Obstetrician Letter of approval for inpatient treatment"</p> <p>Patient must take this letter and have her OBGYN completed and signed, patient must have this letter upon admission)</p>	
Does patient have any thoughts of suicide?	
Has patient attempted suicide in the past 2 years? If Yes, describe	
Is patient feeling severely depressed, anxious, hearing voices or seeing thing? If Yes describe	
Is patient currently in treatment for	

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emotional/psychiatric problems?	
Is patient taking medication for emotional/psychiatric	
Did you provide the patient D-081 "Inpatient Admission Information" which lists what is allowed on the unit?	
Does patient have any court dates, Probation/Parole , medical , dentist pending appointments Patient will not be able to leave detox for any appointments	
Has the patient ever been convicted of a sex crime? If yes, describe:	
Does patient have an ankle bracelet or another device required by the courts?	
Is the patient HIV+?	
Does the patient know that s/he will not be admitted if he/she does not bring diagnosis?	
If patient is HIV + x-ray is required to confirm that they don't have active TB?  (X-rays taken within the last 30 days may suffice. The patient cannot bring a film of x-rays or pictures. We need the doctor's interpretation of the x-rays. If patient need x-rays we will provide a referral on the day of the admission.)	
Have you informed the patient about the \$200 therapeutic admission fee?  Please do not enter yes or no please explain: Sample: <ul style="list-style-type: none"> <li>• Will have the full amount</li> <li>• Does not have full amount but will bring as much as possible</li> <li>• Patient is being discharge from hospital and has no money but he is aware of the fee and will sign promissory note</li> <li>• Promissory note had been approved by Supervisor/Director(enter name who approved the promissory note</li> </ul>	
Are you receiving this information from someone else? What is the Agency's name?	
The name of the person you spoke with?	

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Agency phone number and extension?	
What is your name, phone number, extension?	
Please add any notes that would help intake do a smooth admission.	
Scheduled Date (for use by TTC Admissions staff only)	