

A. F. WHITSITT CENTER REFERRAL CONTACT FORM

Fax 410-778-7002

DATE RECEIVED: (WHITSITT USE ONLY)					
IDENTIFICATION SECTION:					
PATIENT NAME: LAST		FIRST		MIDDLE	
RACE:	AGE:	SEX:	PATIENT'S HOME PHONE:	DATE:	
ADDRESS:			CITY, STATE, ZIP:		
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		COUNTY OF RESIDENCE:	
Emergency Contact		Main Number		Alt. Numbers	
REFERRING AGENCY:		CONTACT PERSON:		AGENCY PHONE NUMBER:	
<input type="checkbox"/> DETOX REFERRAL <input type="checkbox"/> ICF REFERRAL			<input type="checkbox"/> CRISIS BEDS (Hospitals/Mobile Crisis)		
Substance Abuse History					
1. Which of the following substances have you used in the past 30 days?					
Substance	AMT/PER DAY/HOW LONG	Substance	AMT/PER DAY/HOW LONG		
<input type="checkbox"/> Alcohol	_____	<input type="checkbox"/> Heroin	_____		
<input type="checkbox"/> Barbiturates	_____	<input type="checkbox"/> Methadone	_____		
<input type="checkbox"/> Cannabis/Pot	_____	<input type="checkbox"/> Other Opiates/	_____		
<input type="checkbox"/> Cocaine	_____	<input type="checkbox"/> Benzodiazepines.	_____		
<input type="checkbox"/> Hallucinogens	_____	<input type="checkbox"/> Other	_____		
LEGAL STATUS:					
PROBATION/PAROLE		YES	NO	WARRANT	
				YES	
				NO	
COURT DATE PENDING		YES	NO	COURT DATE _____	
REASON:					
Will the Patient be getting the court date postponed					

PSYCHIATRIC STATUS:

	Currently	Within the past month	Lifetime
1. SUICIDAL THOUGHTS/ATTEMPTS	YES NO	YES NO	YES NO
2. THOUGHTS OF SELF MUTILATION (ACTS)	YES NO	YES NO	YES NO
3. HOMICIDAL THOUGHTS/ATTEMPTS	YES NO	YES NO	YES NO
4. HALLUCINATIONS 1. AUDITORY 2. VISUAL 3. TACTILE	YES NO	YES NO	YES NO

1. If the answer is yes to any of the above, Please explain with detailed information.

2. Is patient psychiatrically stable to participate in treatment and follow all the rules and regulations of the Whitsitt Center.

Yes

No

PREVIOUS PSYCHIATRIC TREATMENT

WHEN:

PSYCH MEDS TAKEN

WHERE:

1.

DIAGNOSIS:

2.

DIAGNOSIS

3.

PSYCHIATRIST:

MEDICAL STATUS:

Current Medications	Dose Frequency	How long on med	doctor	Current Medications	Dose Frequency	How long on med	doctor
1.				4.			
2.				5.			
3.				6.			

MEDICAL PROBLEMS, RECENT ILLNESSES OR INJURIES:

1.

2.

3.

4.

ALLERGIES: _____ **History of +PPD** Yes___ No___ **If yes, Patient must have Xray prior to admission.**

A.F WHITSITT CENTER

INSURANCE:		
DOES THIS PATIENT HAVE HEALTH INSURANCE?	YES	NO
IF YES, COMPANY: _____		
POLICY #: _____		
PRECERTIFICATION DATE: _____		
NAME OF REPRESENTATIVE CONTACTED: _____		
LENGTH/TYPE OF TREATMENT AUTHORIZED: _____		
ASSESSOR'S SIGNATURE	TITLE: DATE:	

DSM-V Diagnostic Codes for Substance –Use Disorders*

Please circle all appropriate diagnosis or indicate the absence of any substance dependence or substance abuse disorder below. In addition, please record the DSM-IV codes and labels of any non substance-related diagnoses in the chart below.

	Dependence	Abuse		Dependence	Abuse
Alcohol	F10.20	F10.10	Nicotine	F17.20	F17.10
Amphetamines	F15.20	F15.10	Opioids	F11.20	F11.10
Cannabis	F12.20	F12.10	Phencyclidine	F19.20	F19.10
Cocaine	F14.20	F14.10	Sedatives, etc.	F13.20	F13.10
Hallucinogens	F16.20	F16.10	Other/Unknown		
Inhalants	F18.20	F18.10			
AXIS I:					
AXIS II:					
AXIS III:					
AXIS IV:					
AXIS V:					

I agree that the above information is accurate and complete. I agree to bring a 30 day supply of all prescribed medications including over the counter medications that I am currently using. Misrepresentation of the information provided on this form may result in denial of admission.

PATIENT SIGNATURE/DATE: _____

ASAM ADMISSION CRITERIA

	LEVEL 1 (1-8 HRS/WK)	LEVEL 2 (9-56+HRS/WK)	LEVEL 3&4 (24HRS/DAYS)
WITHDRAWAL POTENTIAL	<input type="checkbox"/> Minimal risk of severe withdrawal	<input type="checkbox"/> Minimal risk of severe withdrawal	<input type="checkbox"/> Severe withdrawal risk
BIOMEDICAL CONDITIONS	<input type="checkbox"/> None or very stable	<input type="checkbox"/> Will not interfere with treatment; <u>or</u> <input type="checkbox"/> Can be provided in outpatient treatment	<input type="checkbox"/> Continued use jeopardizes physical health for concomitant biomedical conditions; <u>or</u> <input type="checkbox"/> Requires medical monitoring or management
EMOTIONAL	<input type="checkbox"/> None or very stable(Not manifesting stress behavior or instability); <u>and/or</u> <input type="checkbox"/> Anxiety, guilt, depression is related to use problems; if not Psych services are provided; <u>and</u> <input type="checkbox"/> No risk harming self or others	<input type="checkbox"/> Mild severity, with potential to distract from recovery (unstable over 72 hr period, e.g., distractibility, negative emotions, generalized anxiety);needs monitoring; <u>or</u> <input type="checkbox"/> Addiction related abuse/negative of family; <u>or</u> <input type="checkbox"/> Mild risk of endangering self or others, (thoughts of but no active plans); <u>or</u> <input type="checkbox"/> Stable disorder that requires monitoring or management (Can spontaneously describe methods to cope with mental disorder and demonstrates resolve to focus on addictions treatment) <input type="checkbox"/> PHP: needs stabilization	<input type="checkbox"/> Emotional/behavioral symptoms necessitate 24-hr structured environment to allow focus on recovery or to shape behavior; <u>or</u> <input type="checkbox"/> Current suicidal/homicidal thoughts with no active plan and a history of gestures or threats; <u>or</u> <input type="checkbox"/> Manifesting stress behaviors related to losses to extent activities of daily living are impaired; <u>or</u> <input type="checkbox"/> History or presence of violent or disruptive behavior during intoxication with imminent danger to self or others; <u>or</u> <input type="checkbox"/> Personality disorder requiring continuous boundary setting interventions.
TREATMENT ACCEPTANCE RESISTANCE	<input type="checkbox"/> Expresses willingness to cooperate with the treatment plan and the attend all scheduled activities; <u>and</u> <input type="checkbox"/> Needs motivating and monitoring strategies but does not need structured milieu.	<input type="checkbox"/> Resistance high enough to require structured program, but not so high as to render out-patient treatment ineffective (willing to participate in most respects but may have reservations; e.g. does not offer any benefit from treatment, strong objections to frequency of groups, motivation is to avoid jail); <u>or</u> <input type="checkbox"/> Failure of motivating interventions at different levels of care; <u>or</u> <input type="checkbox"/> Attributes drug problems to externals (unable to elaborate on the relationship of life problems to alcohol/drug abuse in a specific and detailed manner).	<input type="checkbox"/> Despite serious consequences or effects of the addictions, client does not accept or relate to the severity of these problems; <u>or</u> <input type="checkbox"/> Marked difficulty with or opposition to treatment, does not appear to be committed to seeking treatment, and requires intensive motivating strategies available only in a 24-hr structured environment.
RELAPSE POTENTIAL	<input type="checkbox"/> Able to maintain abstinence and pursue recovery goals with minimal support; needs assistance in dealing with mental preoccupation with using, craving, peer pressure, lifestyle and attitude changes; <u>and</u> <input type="checkbox"/> Is not experiencing difficulty postponing immediate gratification or related drug-seeking behavior, <u>and</u> <input type="checkbox"/> Has some awareness of triggers.	<input type="checkbox"/> High likelihood of use with close monitoring and support, as indicated by lack of awareness of triggers, difficulty postponing immediate gratification or ambivalence/resistance to treatment; <u>or</u> <input type="checkbox"/> Despite active participation at a less intensive level, client is experiencing an intensification of addiction symptoms(e.g. difficulty postponing immediate gratification or related drug-seeking behavior) and is deteriorating in functioning despite revisions in the treatment plan.	<input type="checkbox"/> Despite active participation at a less intensive level or self-help fellowship client is experiencing an acute crisis with a concomitant intensification of addiction symptoms; <u>or</u> <input type="checkbox"/> Recognizes that alcohol and/or other drug use is excessive and has been unable to do so as long as alcohol/other drugs are present in his environment.
SUPPORT/ RECOVERY ENVIRONMENT	<input type="checkbox"/> Supportive recovery environment (s/o's are in agreement with recovery efforts, supportive work or legal conviction adequate transportation, support meetings are accessible); <u>or</u> <input type="checkbox"/> Lacks ideal support system but is sufficiently stable and has demonstrated motivation and willingness to obtain support system; <u>or</u> <input type="checkbox"/> S/o's are supportive but require professional interventions to improve chances of treatment success (e.g. assistance in limit-setting, communication skills, decrease rescuing behaviors, etc).	<input type="checkbox"/> Those living with the client are un supportive of recovery goals and/or passively opposed to his treatment, no active opposition, and client requires relief from home environment far part of the day to stay focused on recovery; <u>or</u> <input type="checkbox"/> Continued exposure to the current job environment will make recovery unlikely; <u>or</u> <input type="checkbox"/> Lack of social contacts which jeopardizes recovery	<input type="checkbox"/> Lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g. chaotic family or interpersonal conflicts which undermine clients efforts to change, s/o's manifest current substance use, s/o's undermine the client's recovery); <u>or</u> <input type="checkbox"/> Logistic impediments; <u>or</u> <input type="checkbox"/> Danger of physical, sexual, or severe attack or victimization; <u>or</u> <input type="checkbox"/> Engaged in an occupation where continued use constitutes imminent risk to public or personal safety

COMPLETED BY _____

DATE _____

TO WHOM IT MAY CONCERN:

The A. F. Whitsitt Center became a LIMITED SMOKING FACILITY. Smoking is permitted at set times throughout the day. All patients are to surrender all smoking materials (cigarettes, cigars, lighters, matches, etc.) to staff. Possession of tobacco products or paraphernalia is prohibited. Family members and other visitors are to turn over all tobacco products to staff at intake and / or visitation. Family members and visitors are prohibited from giving smoking products to any patient.

Smoking –cessation products are available at drug stores as well as from County Health Departments. Patients may also obtain nicotine patches from the A. F. Whitsitt Center. These products will be treated as prescription medication and must be surrendered to the Admissions Counselor or a staff member upon admission. The A. F. Whitsitt Center medical staff will then administer the nicotine patches as prescribed.

By signing below, each referral acknowledges that the A. F. Whitsitt Center is a LIMITED SMOKING FACILITY and agrees to comply with all program regulations, policy and procedures regarding the use of tobacco while in treatment.

Patient Name Printed

Patient Signature

Date

Witness

Date

Information for A. F. Whitsitt Center/Kent County Crisis Beds Patients, Families, Referral Source

IMPORTANT: If you have any pending appointments such as; court dates, doctor's appointments, etc. please make other arrangements prior to your stay at A.F. Whitsitt Center. You will not be permitted to leave for these appointments unless prior approval by the Program Director, Clinical Supervisor and Nursing Supervisor. If warranted talk with the Courts/Probation Officers/Attorneys to make them aware that you are here.

Patient Information can also be found at www.kenthd.org, A.F. Whitsitt Center Inpatient Residential.

ADMISSION DAY:

- Please call and speak to the Admissions Coordinator on duty if there is a problem meeting your appointment time (410-778-5047). **Late arrivals may be refused admission or required to re-schedule for a later date.**
- Please have a member of your family bring you to the Center. They will be asked to remain with you during the first hour or so of the admission process. **Items found to be inappropriate or not on our list will be sent home.**

WHAT TO BRING:

- One bag of clothes (appropriate, proper length and coverage, advertisement/logos displayed must be substance free) **you will be asked to change if attire is inappropriate.** Items to pack: 2 pairs sweat pants, 5 shirts, 5 pants, 5 pairs of socks, 5 sets of undergarments, hat and gloves (**weather appropriate**), sweater, jacket or hooded sweat shirt. You will be going outside during the day and evening, so outerwear will be necessary. **Please pack all items in one medium sized suitcase. Excess clothing and prohibited items will be sent home.**
- Bring a comfortable pair of walking shoes, slippers, reading glasses, and other necessary items such as robe, sleepwear and shower shoes.
- One bag of groceries (items must be in original containers)
- Some spending money for extra food at cafeteria and vending machines (Checks cannot be cashed).
- Cigarettes – you may smoke outside the building at **designated times only**. You must bring enough cigarettes to last the entirety of your treatment stay or have **additional tobacco products brought to you on visiting day** as the Whitsitt Center does not provide access to these items nor will the agency purchase them for you. Cigarettes/tobacco (8 per day) that will be locked in Nurses' Station
- Envelopes and stamps/pen and notebook
- Some money for co-pay on medications
- Only current prescription medications (only medicine necessary for your health will be given to you during your treatment). Bring a 30- day supply of all medications. Failure to bring these medications could result in denial of your admission as the A. F. Whitsitt Center will not be held responsible for the cost of said medications. **Any narcotic or other mood- altering prescription drug found in your belongings during admission and is not prescribed to you will be disposed of.**
- **Extra towels and wash cloths are suggested.** The unit linens (towels, twin bed sheets, blankets, pillow case) are provided and will be exchanged weekly. For your personal comfort you may bring one (1) new pillow still in store bought plastic. **Please no stuffed animals or blankets.**
- Please bring your own toiletry articles such as a toothbrush, toothpaste, shampoo, soap, deodorant, etc. **Do not bring any items containing alcohol. Do not bring more than one of each. Excess will be sent home.**
- Novels, magazines, puzzle books, crossword, motivation books or spiritual books are allowed and will be viewed by staff to see if appropriate for use.

- Some food items (perishable or non-perishable) will be allowed as long as it is in original **unopened container**. We would prefer unopened plastic containers.
- Alarm clocks only, no clock radios. **No personal electronics devices. (See Contraband Listing)**
- The washer dispenses laundry detergent and bleach as needed. Each patient is expected to do his/her own laundry. A washer and dryer are available on the Wing (no charge). **Please do not bring laundry supplies.**
- The A.F. Whitsitt Center will not be responsible for patient's personal belongings. Valuables may be turned in to staff for safe keeping. Any discharged patient leaving belongings at the Whitsitt Center need to claim them within five (5) days. **If they are not claimed, the belongings will be given to charity, no exceptions!**

FINANCIAL RESPONSIBILITIES:

- Proof of income (pay stub, W-2, Income Tax Forms), **Failure to do so will result in being charged 100% rate until proof of income is obtained.**
- A copy of insurance card if you have one (If pre-certification is required, please let us know immediately).
- Copy of driver's license or photo ID.
- Patients under 21 must complete EPSDT Form. **Admission may be denied if all information is not received.**

SMOKING:

- There are several smoke breaks given in a day
- If a patient is caught smoking outside of the designated times and location their privilege will be suspended. There will be graduated sanctions for violations that could lead to a therapeutic discharge
- If a patient has an excuse from staff to not attend class then they will be allowed to smoke, if the patient does not have an excuse and does not attend class, the patient's smoke break may be revoked for one time break

PHONE CALLS:

- All patients are permitted to make two five-minute personal phone calls per week during regularly scheduled times.
- Other calls made need to have prior approval by your counselor

MAIL

- Patients are free to receive and send uncensored mail. Packages and/or large envelopes must be opened in the presence of staff. **Please tell your loved ones to put your name on all mailed items.**

- Mail can be sent to the patient at:

Patient's name
 A. F. W. C.
 300 Scheeler Rd.
 P.O. Box 229
 Chestertown, MD 21620

- Patients are required to bring their own stamps and envelopes as the A. F. Whitsitt Center does not provide them.

CENTER RULES

- In order to maintain a safe, clean, and pleasant atmosphere, each patient is assigned various household tasks which are to be completed as described.
- To help maintain the usefulness of the furniture on the unit, patients are to keep their feet off of the chairs, couches, and/or tables. **PLEASE DO NOT SIT ON TABLES.**
- The Center reserves the right to alter or suspend an individual's attendance at meetings either inside or outside the facility for clinically appropriate reasons.
- When setting the rooms up for the Stages of Change process group, chairs are to be in a circle to facilitate group interaction.
- Television use: Times are posted in the areas of use.

MEDICATIONS:

- Patients who are taking prescribed medication(s) please have the family member bring it with the patient and give to the Nurse during the admission process. **DO NOT** give the medication to the patient. This includes all over the counter medications. This is extremely important for proper medication management.
- Patient must have a 30-day supply with him/her upon admission. Admission will be denied if patient fails to bring their prescribed medication(s) with them as the Whitsitt Center will be held responsible for the said costs of medications.
- Vitamins are given daily at 6:00 P.M. Other medications are administered as ordered. Patients are to be on time to receive vitamins/medications.
- Nicotine patches are considered medication and should be given to the Nurse. This is important for proper medication management. Ask staff for details.

FOOD:

- In an effort to prevent disease and infestation of bugs, open food and beverage items must be kept in the activity wing. Sealed food items must be in original containers and may be kept in the patient rooms.
- No punch is to be prepared unless from a store-bought mix.
- Fast food may be brought in by visitors for consumption during weekend visitation hours only. Fast food is not to be brought in at any other time.
- No fountain sodas or open containers will be permitted.
- Food stored in refrigerators must be labeled and dated.
- Food more than 7 days old or unlabeled will be thrown away.

FEDERAL CONFIDENTIALITY LAWS:

- Please be aware that **Federal Confidentiality Laws** prohibit the A. F. Whitsitt Center from releasing information about a patient without written permission to do so.
- It is expected that each person's right to confidential treatment will be respected by other patients. Violations of others confidentiality could lead to discharge.

VISITING HOURS/FAMILY GROUP SESSIONS:

- Visitations allowed on the 2nd Saturday after admission from 12:45 until 4:00. A family program is held from 1:00 pm. – 2:00 p.m. on visiting days. **Please be at the A. F. Whitsitt Center no later than 12:45 P.M. Once Family Group has left the front of the building, you will not be able to attend.** Participation in this program is mandatory for anyone who wishes to visit a patient in our program.

