

REFERRING AGENCY ACKNOWLEDGEMENT

I have gone over the Admission Requirements and admissions paperwork with _____, and acknowledge the following:

- Client acknowledges being addicted to drugs and/or alcohol.
- Client indicates she is motivated for recovery and understands the program is individualized
- Client realizes she will be at Bethany Hall approximately 9 months, despite any lesser funding agreement.
- Client does not need medical detox at this time.
- Client is physically and medically able to participate fully in the program. The client has the following physical/medical needs, concerns, limitations, (include eating disorders):
 1. _____
 2. _____
 3. _____
- Clients with a mental health diagnosis may be required to submit psychiatric evaluations to ensure that Bethany Hall is equipped to address both their mental health and substance abuse issues. Bethany Hall's program is not structured to provide treatment for those with schizophrenia, psychosis, or hallucinations.
- Current DSM-IV Diagnosis:

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____
- Current medications and reason for prescription:
 1. _____
 2. _____
 3. _____
- This referral is cognitively functioning to a degree which does not limit her capacity to benefit from the program - a substantial amount of reading and writing is required.
- Client is ambulatory - all bedrooms are on second floor.
- Client is not homicidal, suicidal, or in other ways any imminent threat to self or others.
- Fees are based on the service provided. Three programs available are: 1. Residential treatment for adult women; 2. Residential/day treatment for Pregnant/Postpartum Women; 3. Residential/Day treatment for Women with children. Each program is individualized specific to the client's needs.
- This client is being transferred to treatment with:
 - Medication for at least one month w/refills or a prescription for refills for at least two months;
 - A prescription for needed medications w/refills for at least two months, along with money to purchase the first month's prescriptions
- Any changes in the above information must be reported by fax (540) 343-1275 prior to client's admission to Bethany Hall, including notification of any changed medical or mental diagnosis and medications used to treat those.

Signature of Referring Clinician:

Date: _____