

NATIVE ADDICTIONS COUNCIL OF MANITOBA

PRITCHARD HOUSE

Referral Agent Checklist

**Please note that the following information must be completed by referral agent in order for clients to be accepted into Pritchard House Treatment Program.*

1. Has the client been alcohol and drug free for 7-10 days since the referral was sent?

Yes _____ No _____

NOTE: BECAUSE OF THE CONTROVERSY REGARDING DRUG SCREENING RESULTS, NAMELY THC, NACM HAS INTRODUCED A POLICY REQUIRING ALL CLIENTS TO BE DRUG SCREENED AND SHOW A NEGATIVE RESULT FOR THC PRIOR TO ADMITTANCE TO ALL PROGRAMS.

2. Is the client aware that specific prescription drugs will not be allowed during treatment?

Yes _____ No _____

3. Does the client have a physical injury that requires medical attention prior to entering treatment? Yes _____ No _____

If yes, please explain:

4. Are you aware of any diagnosed or undiagnosed mental health conditions or issues?

Yes _____ No _____

If yes, please explain:

5. Have you met with the client at least five times since the initial referral was made?

Please state dates of follow-up meetings:

6. Has referral package been fully completed (including answering all questions and a completed medical assessment) Yes _____ No _____

Referral Agent Signature: _____ Date: _____

***Please note that if referral package is not complete, including medical assessment and checklist, the client will not be accepted into the Pritchard House Treatment Program.**