

Safe Harbour Medically Supported Detox
5246 53 Ave, Red Deer, AB T4N 5K2 403-347-0181 (phone x 24 hours)

Referral Form

Complete for admission consideration and **fax** to Safe Harbour Medically Supported Detox: **403-349-0020**
 Ask the person to present to Safe Harbour at 0830 any morning. Referral kept on file x 7 days.

Date of Referral:	PHN:
Name of Potential Client:	DOB:
Person/Agency Referring:	FROM HOSPITAL: <input type="checkbox"/> Y Unit: <input type="checkbox"/> N
CURRENT SUBSTANCE USE (what substance, frequency, amount and last use)	
TREATMENT APPLICATION IN PROGRESS? <input type="checkbox"/> Y <input type="checkbox"/> N (When, Where)	
MEDICAL CONCERNS? <input type="checkbox"/> Y N <input type="checkbox"/> (If yes briefly describe) For females, LMP:	
MENTAL HEALTH CONCERNS? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes briefly describe)	
IMPACT ON MAJOR LIFE AREAS (work, relationships)	

COMPLETED BY _____

For Office Use: Bed Number Assigned _____