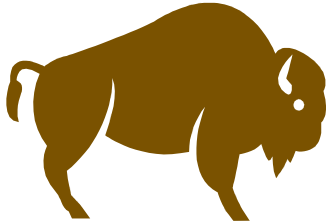


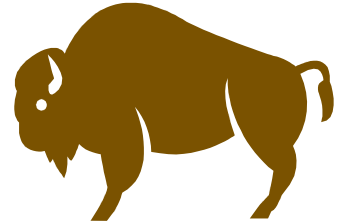


Osage Nation Primary Residential Treatment Center



518 Leahy
Pawhuska, OK 74056

Phone: 918-287-5417
FAX: 918-287-3721



Pre - Admission Packet

Name: _____ Date: _____
(Last, First, MI)

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Cell #: _____

Fax #: _____

Dear Friend,

Thank you for inquiring about admittance into our residential program. The following forms must be completed in full and returned within two weeks so the potential patient can be staffed. The sooner the forms are returned the sooner you can be placed on the waiting list.

1. Medical Form
2. TB test and Hepatitis Blood work. Must have results.
3. Court Papers (if any) or DHS paperwork
4. **Residents must have all medications filled for 45 days before admittance.**
5. **All dental problems need to be taken care of before entering treatment.**
6. If Physical or mentally challenged, please inform intake counselor of special needs.
7. **Copy of CDIB**
8. Drug assessment (SASSI preferable)
9. Assessment by referring agency—if applicable
10. Will need to do a one-on-one phone interview as soon as possible.
918.287.5417
11. If you have any court dates, they need to be deferred until you are discharged.
12. You will do a UA (urine analysis) upon arrival and it has to be **NEGATIVE** in order to be admitted into the program.
13. **Depression inventory, if client has Depression symptoms, they must be stabilized on medication 2 weeks prior to being admitted into our program and 45 days worth of medication must be sent or client will be sent home.**

NOTE: IF you did not bring the needed medication or if you bring medication that has was not approved during the pre-admission process, you can not be admitted in the treatment program. All dental needs must be taken care of prior to intake. If you have several trips to the clinic, you will be discharged until the health issue is resolved. You will need a doctors' release to re-admit into treatment.

Upon returning, the medical release must be within the last 30 days.

If you have any questions please feel free to contact us.

Thank you,

Primary Residential Treatment Team

PRT MEDICAL FORM

I. Patient Information:

DATE: _____

NAME: _____

(Last, First, MI)

Address: _____

City: _____ State: _____ ZIP: _____

DOB: _____ Age: _____ Sex: _____

Tribe: _____ Quantum: _____

II. Medical History: (Relevant History)

III. Reason for Admission:

IV. Visual Acuity R/L

VI. Other Physical Findings:

Height: _____ Weight: _____ BP: _____

HEENTs: _____

Heart: _____

Lungs: _____

Abdomen: _____

Extremities: _____

Vital Signs: _____

Other Significant Findings: _____

PPD Results (Need copy): _____

Date and Time read: _____

Hepatitis Panel Lab Findings: _____

VII. Physical Limitations:

VIII. Safe for Work Assignments: (i.e. kitchen duty)

IX. Prescribed Medications: (Prescription medications-including dosage- and any past use of medications which may have helped or caused more distress.)

* Please ensure that the prescriptions, new or old, which are needed by the patient, are filled for 45 days or as needed.

* Please note any use of inhaler and if client needs to keep inhaler with them. Check the following over the counter medications that the patient may also be given as needed.

Tylenol _____ Aspirin _____ Other _____

Physician Statement: _____

This patient, _____, is considered medically stable to participate in the residential treatment for alcohol and/or substance abuse.

If special conditions apply, please state below:

Signature of M.D. or D.O.: _____

Date: _____

Physician Name Printed: _____

Name of Medical Facility: _____

Address: _____

Phone: _____ Fax: _____

Osage Nation
Primary Residential Treatment

ITEMS NEEDED:

Clothes for 45 days
Tooth Paste & Tooth brush
Court Papers
Brush/comb
Cigarettes
Calling Cards—(You must bring if you want to make your two calls per week)
Stamps & Envelopes
Shampoo
Medication for 45 days—if applicable
Towels & Washcloths
Blankets, Sheets, Comforters, and Pillows

DO NOT BRING:

Cell Phone
Radios
Knives
Fingernail Polish Remover
Food/Snacks and/or Pop
Mouthwash or containing Alcohol
Clocks
Clothing Advertising Alcohol and/or drugs
Muscle Shirts
Short Shorts
Tube Tops/Halter tops or that type of clothing
*Anything item brought that is not allowed will be taken away
until after you leave treatment.
*Anything left at the treatment center when you leave will be held for two
weeks then disposed of.