

*The Recovery Transition program is an abstinence-based program where clients can stay for up to **3 months** while preparing for treatment. Clients must have completed detox prior to intake to ensure clients will not experience withdrawal symptoms whilst in the program as there are limited medical supports available.*

Important Information

PLEASE READ THOROUGHLY BEFORE SUBMITTING REFERRAL

Completed referrals (with **ATTN: ROSC**) are to be **FAXED to 403-538-6591**. Once the completed referral has been received, your organization will receive a **Referral Received Notification** letter within 1 business day. Note: Closed all weekends and Statutory Holidays.

A **Referral Status** letter will be sent within **24- 48hrs** to notify if the referral has been **Accepted** or **Declined**.

We ask that you review the My Recovery Plan (MRP) Privacy Notice with the participant prior to submitting your referral.

*If you have any questions or concerns regarding your referral please call **(403) 699-8236** and ask to speak with the **Referral Clerk** on Unit for more information.*

Important Program Information to Review:

- Program space is not fully accessible for clients indicated with mobility concerns, this includes smoke deck, hygiene, and sleeping area's.
- Full Participation in programming is **REQUIRED**, including daily housekeeping.
- **My Recovery Plan** is used to facilitate a client needs assessment while in the program to support individualized goal setting. Should this tool be a potential barrier please call to speak with the Referral Clerk prior to submission
- Nicotine products are permitted: Smoke deck hours are from 5AM-10PM ***DISPOSABLE VAPES ONLY***
- Personal cell phone use is permitted ***NO LAPTOPS/TABLETS*** with use of headphones.
- A **Urine Drug Screen (UDS)** will be performed prior to admission; must produce **NEGATIVE** results. If participant is on any medications that have the potential to create a false positive result a supporting physician note is **REQUIRED** for entry into the program.
- Any Daily Witness Ingested Medication should be taken the day of prior to intake.
- Transportation to the DI must be arranged by the referring facility. (1 Dermot Baldwin Way SE, Calgary AB)
- Complete the Mint Pharmacy Blue Bottle Referral and Consent Form at <https://form.jotform.com/210435640139045> as medications will be dispensed by Mint Pharmacy for the duration of the program stay (if applicable).
- Call 403-699-8236 (DI Recovery Oriented Services) to inform staff when the client has left for the DI.
- If the participant does not show up for scheduled intake time; intake may be **DECLINED** due to operations.

Today's Date:	Referring Agency/Program:		
	Type: Detox <input type="checkbox"/> Community <input type="checkbox"/> Hospital <input type="checkbox"/> *Discharge Summary and Bridging Medication Required*		
Staff completing the referral:		Contact Info:	
Requested Intake Date: *Must be within 5 days of referral submission*		My Recovery Plan (MRP) ID #: *If known*	

Client Name:			DOB:	
Alberta PHN: *Must be Active*				
Gender:		Address:		
Substance(s) used (check all that apply):	<input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamine <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Heroin <input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Opioid <input type="checkbox"/> Hypnotics/Sedatives <input type="checkbox"/> Inhalants/Solvents <input type="checkbox"/> Other: _____			
Date of last use:				
Pregnancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Treatment Centre Applications: (Required minimum of 2 confirmed waitlists and or 1 intake date)	Name		Status: Confirmed Waitlisted	Date/Waitlist Time
	1.)			
	2.)			
	3.)			
	4.)			
	5.)			
	6.)			

Recovery Transition Program
External Referral Form

<p>Mobility: *Required*</p>	<p>Is client able to complete the following:</p> <p>Climb to a top bunk (Ladder Accessible): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Descend 5 flights of stairs in case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Independently complete Activities of Daily Living (Shower, Dress, Toilet, Transfer): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use of Mobility Assistance Device: <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Wheelchair <input type="checkbox"/> Prosthetics</p> <p><input type="checkbox"/> Other: _____</p>
<p>Medical Needs: *Required*</p>	<p>Routine wound care required? <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Specify: _____</p> <p>_____</p> <p>List current medications: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Allergies (Medication or Dietary): <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Reaction: _____</p> <p>_____</p> <p>Occasionally, we may need to look at your medical information in NetCare, Alberta's Medical Database, to make sure your Alberta Health Care is active. Please initial here to consent to us checking NetCare. Initial: _____</p>
<p>Additional Information</p>	<p>Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Calgary Drop-In Centre- Recovery Oriented System of Care (ROSC)

1 Dermot Baldwin Way SE

Calgary, Alberta T2G 0P8

PHONE: (403) 699-8236

FAX: (403) 538-6591