

# SOCIAL MODEL RESIDENTIAL DETOX



Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chart Number: \_\_\_\_\_ Staff Person: \_\_\_\_\_

Admission Date: \_\_\_\_\_

- Not appropriate for Social Model Residential Detox, refer for appropriate medical clearance

If appropriate for Social Model Residential Detox client must meet Criteria "A" or "B"

<b>ADMISSION CRITERIA "A"</b>		
<i>This level of service required to complete Detox, but no medication required.</i>		
<input type="checkbox"/>	<b>A</b>	Recovery environment not supportive
<input type="checkbox"/>	<b>B</b>	Recent Detox failures at lower levels of service
<input type="checkbox"/>	<b>C</b>	Recent Detox failures, complicated by use of additional substances
<input type="checkbox"/>	<b>D</b>	Other

<b>ADMISSION CRITERIA "B"</b>		
<i>Experiences signs/symptoms of withdrawal (signs of withdrawal imminent- not at risk of severe withdrawal moderate withdrawal safely manageable)</i>		
Education: _____		
<input type="checkbox"/>	<b>A</b>	Alcohol (CIWA-Ar Score less than ____)(Optional)
<input type="checkbox"/>	<b>B</b>	Opiates (Withdrawal symptoms distressing but medication not necessary, lacks skills to prevent immediate continuing drug use.)
<input type="checkbox"/>	<b>C</b>	Stimulants (Shows lethargy, excessive sleepiness, paranoia or lack of reality testing)
CIWA-Ar Score: _____ (Optional) CIWA-Dr Score: _____ Other Assessment Score: _____		

<b>PLANNED DISCHARGE CRITERIA</b>		
<i>Must meet one of the following:</i>		
<input type="checkbox"/>	<b>A</b>	No withdrawal symptoms present
<input type="checkbox"/>	<b>B</b>	Withdrawal symptoms present, adequate support available
<input type="checkbox"/>	<b>C</b>	Withdrawal symptoms increased requiring a higher level of care
<input type="checkbox"/>	<b>D</b>	Shows non-compliance with program objectives.