

## **Intensive Program/Mollie's House Referral Process**

- 1) Contact the Residential Coordination Team to obtain the Standardized Fraser Health Referral.
- 2) Have the client take the following two pages to her physician or nurse practitioner to be completed.
- 3) Have the client complete the following assessments on her own or with the referring agent.

**\*\* Please note that the referral must be sent to Fraser Health and not directly to Peardonville House\*\***

### **Referral Coordination Service contact information**

Telephone: 604-519-8572

Email: [mhsuresidential.service@fraserhealth.ca](mailto:mhsuresidential.service@fraserhealth.ca)

### **Referral for WITHIN FRASER HEALTH**

All referring sources within Fraser Health should have access to the referral form via the Fraser Health Pulse page or through Agiloft.

Scroll down to view the physician pages and the HONOS and GAIN Assessments

### **Mom's & Kids Program at Peardonville House:**

Download the Mom's & Kids referral form under the "Referral tab" on our website, make sure it is complete and then fax it directly to our Intake Coordinator at 604- 856-3960



**THIS FORM MUST BE FILLED OUT AND SIGNED BY A PHYSICIAN**

*Please indicate whether the client is able to have the following prescriptions by placing your initials next to the meds she may have while in treatment.*

**Standing Order Medication Form**

**Client Name:** \_\_\_\_\_

Indication	Medication and Guidelines	Dr's Initials	
		YES	NO
Pain & fever or inflammation	Ibuprofen 200mg 1-2 tabs every 4-6 hrs to a maximum of three times per day <b>And/Or</b> Acetaminophen 500 mg 1-2 tabs every 4-6 hrs to a maximum of four times a day (4000mg). <b>If client is taking any prescribed anti-inflammatories (e.g.: Naproxen, Ketorolac (Toradol) etc., do not give Ibuprofen).</b>		
Cough and/or Congestion	Ice Water		
Hayfever	Loratadine 10mg (ex. Claritin) max 1 tab every 24hrs		
Hives or itchy rash	Diphenhydramine 25mg (ex. Benadryl) 1-2 tabs every 6 hrs. as needed, max 200mg/24hrs		
Toothache	Insert cotton ball soaked in clove oil into tooth cavity		
Diarrhea	Loperamide 2mg (ex. Imodium) 2 tabs for first dose, then 1 tab after each bowel movement, max 8 tabs/24hrs		
Nausea and/or vomiting	Dimenhydrinate (ex. Gravol) 100mg rectal suppository 1 supp every 6-8 hrs, max 300mg/24hrs		
Heartburn/indigestion	Magnesium/Aluminum suspension antacid (ex. Gaviscon liquid) 10-20mls (2-4 tsp) up to the maximum of 80mls (16tsp) per 24hrs.		
Severe allergic reaction with swelling of lips, face, neck and throat, wheezing and difficulty breathing	<b>Epi-Pen (Pre-filled epinephrine syringe) injected into thigh 1x AND call 911 immediately</b>		
Bowel Protocol *	General protocol: increase dietary fibre, increase fluid intake and increase exercise		
Constipation Day 1	Clearlax 17gr (to top of inner white lid) mix in 250ml liquid 1x/day for 7 days		
Constipation Day 2	Continue above		
Constipation Day 3	Consider glycerin suppository rectally 1x/day		
Constipation Day 4	Combination tablet of Senna Laxative (8.5mg) & Docusate Sodium (50mg) 2-4 tabs 1-2 times daily for 7 days		
Constipation Day 5	<b>Please notify physician or nurse practitioner</b>		

Physician's signature: \_\_\_\_\_

CPSID#: \_\_\_\_\_

Client signature: \_\_\_\_\_

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



## PRESCRIPTION

- Peardonville House is not licensed to administer medication brought into treatment by the client
- Please write out all orders (excluding Methadone/Suboxone) for a 3-month supply for your patient including OTC medications and vitamins. WE DO NOT ACCEPT BENZODIAZAPINES, NARCOTICS, OPIATES OR STIMULANTS.
- Peardonville will fill the prescription for the client on arrival.
- Please fax to 604-856-3960 and forward all original triplicate prescriptions to:
- *Peardonville House Treatment Center, 825 Peardonville Road, Abbotsford, BC V4X 2L8*

### Extended Health Benefits Information

Carrier: \_\_\_\_\_ Carrier #: \_\_\_\_\_  
Plan #: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
Name of Plan Holder: \_\_\_\_\_

**PLEASE PRINT CLEARLY – if not prescribing any medications, please indicate N/A - this page is required by our pharmacy for every client**

***Please handwrite "DAILY DISPENSE" on the prescription below:***

# Rx

Patient Name: \_\_\_\_\_

CAN HAVE WEEKEND & HOLIDAY  
CARRY ON PATIENT REQUEST.  
MAY DISPENSE 1 WEEKS OF  
MEDICATION ON DISCHARGE.

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

### \*\*\*\*\*LICE/SCABIES CHECK\*\*\*\*\*

I, Dr. \_\_\_\_\_ have thoroughly checked the above patient and have found no evidence of lice or scabies.

Doctor's Signature: \_\_\_\_\_



**HONOS ASSESSMENT (Health of the Nation Outcome Scales)**

Name: \_\_\_\_\_

1. **Rate** each scale in order from 1 to 12
2. **Do not** include information rated in an earlier item except for item 10 which is an overall rating
3. **Rate** the **MOST SEVERE** problem that occurred during the 2 weeks prior to this rating.

**1. Overactive, aggressive, disruptive or agitated behaviour** - Include behaviour due to drugs, alcohol, dementia, psychosis, depression, etc. Do not include bizarre behaviour, rated at Scale 6

- 0 No problems of this kind during the period rated
- 1 Irritability, quarrels, restlessness etc. not requiring action
- 2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup, window); marked agitation
- 3 Physically aggressive to others or animals; destruction of property, threatening manner;
- 4 At least one serious physical attack on others or on animals; destruction of property (e.g. fire-setting); serious intimidation or obscene behaviour

Comment: \_\_\_\_\_

**2. Non-accidental self-injury**

- 0 No problems of this kind during the period rated
- 1 Fleeting thoughts about ending it all but little risk; no self-harm
- 2 Mild risk during the period; includes non-hazardous self-harm, e.g. wrist-scratching
- 3 Moderate to serious risk of deliberate self-harm, including preparatory acts- collecting tablets
- 4 Serious suicidal attempt and/or serious deliberate self-injury

Comment: \_\_\_\_\_

**3. Problem-drinking or drug-taking:**

- 0 No problems of this kind during the period rated
- 1 Some over-indulgence but within social norm
- 2 Loss of control of drinking or drug-taking, but not seriously addicted
- 3 Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under the influence, etc
- 4 Incapacitated by alcohol/drug problems

Comment: \_\_\_\_\_



**4. Cognitive problems:** Include problems of memory & understanding associated with any disorder; learning disability, dementia, schizophrenia, etc.

- 0 No problems of this kind during the period rated
- 1 Minor problems with memory or understanding, e.g. forgets names occasionally
- 2 Mild but definite problems e.g. has lost the way in a familiar place or failed to recognize a familiar person; sometimes mixed up about simple decisions
- 3 Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent; mental slowing
- 4 Severe disorientation e.g. unable to recognize familiar faces, speech incomprehensible

**Comment:** \_\_\_\_\_

**5. Physical illness or disability problems:** Include illness or disability from any cause. Include side-effects from medication; effects of drug/alcohol use; physical disabilities

0	No physical health problem during the period rated
1	Minor health problem during the period (e.g. cold, non-serious fall, etc.)
2	Physical health problem imposes mild restriction on mobility and activity
3	Moderate degree of restriction on activity due to physical health problem
4	Severe or complete incapacity due to physical health problem

**Comment:** \_\_\_\_\_

**6. Problems associated with hallucinations and delusions** irrespective of diagnosis  
Include odd and bizarre behaviour associated with hallucinations or delusions

- 0 No evidence of hallucinations or delusions during the period rated
- 1 Somewhat odd or eccentric beliefs not in keeping with cultural norms
- 2 Delusions of hallucinations (e.g. voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, i.e. clinically present but mild.
- 3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient

**Comment:** \_\_\_\_\_

#### **7. Problems with depressed mood**

- 0 No problems associated with depressed mood during the period rated
- 1 Gloomy; or minor changes in mood
- 2 Mild but definite depression and distress: e.g. feelings of guilt; loss of self-esteem
- 3 Depression with inappropriate self-blame, preoccupied with feelings of guilt

**Comment:** \_\_\_\_\_

**8. Other mental and behavioral problems:** Specify the type of problem by circling the appropriate letter both here and on the score sheet: A phobic; B anxiety; C obsessive-compulsive; D stress; E dissociative; F somatoform; G eating; H sleep; I sexual; J other, specify

- 0 No evidence of any of these problems during period rated
- 1 Minor non-clinical problems
- 2 A problem is clinically present at a mild level, e/g patient/client has a degree of control
- 3 Moderately severe level of problem; Occasional severe attack or distress, with loss of control
- 4 Severe problem dominates most activities

**Comment:** \_\_\_\_\_

**9. Problems with relationships:** Rate most severe problem associated with active or passive withdrawal from social relationships and/or non-supportive, destructive or self-damaging relationships

- 0 No significant problems during the period
- 1 Minor non-clinical problem
- 2 Definite problems in making or sustaining supportive relationships; evident to others
- 3 Persisting major problems due to active or passive withdrawal from social relationships, and/or relationships that provide little or no comfort or support
- 4 Severe and distressing social isolation and/or withdrawal from social relationships

**Comment:** \_\_\_\_\_

**10. Problems with activities of daily living:** e.g. eating, washing, dressing, toilet; complex skills - budgeting, finding housing, recreation, use of transport, shopping, etc. Include any lack of motivation for using self-help opportunities as this contributes to a lower overall level of functioning.

- 0 No problems during the period rated; good ability to function in all areas
- 1 Minor problems only: e.g. untidy, disorganized
- 2 Self-care adequate but major lack of performance of one or more complex skills (see above)
- 3 Major problems in one or more area of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills
- 4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills

**Comment:** \_\_\_\_\_

**11. Problems with living conditions and daily domestic routine:** Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and opportunities to use intact skills and develop new ones?

- 0 Accommodation and living conditions are acceptable;





# PEARDONVILLE HOUSE TREATMENT CENTRE

- 1 Accommodation is reasonably acceptable although there are minor problems
- 2 Significant problems with one or more aspects of the accommodation
- 3 Distressing multiple problems with accommodation; e.g. some basic necessities absent; housing environment has minimal or no facilities to improve patient's independence
- 4 Accommodation is unacceptable:

**Comment:** \_\_\_\_\_

**12. Problems with occupation, activities in daytime environment.** Is there help to cope with disabilities? Are there opportunities to maintain/improve skills and activities? Consider stigma, access to supportive facilities and qualified staff.

- 0 Patient's day-time environment is acceptable and supportive of self-help
- 1 Minor or temporary problems requiring little action e.g. late cheques; reasonable facilities available but not always at desired times, etc.
- 2 Limited choice of activities – lack of permanent address or insufficient career or professional support; helpful day setting available but for very limited hours
- 3 Marked deficiency in skilled services available to help minimize level of existing disability; no opportunities to use intact skills or add new ones;
- 4 Lack of opportunity for daytime activities makes patient's problems worse

**Comment:** \_\_\_\_\_

HoNOS Score Sheet			
	Rate 9 if not known		Rate
1	Overactive, aggressive, disruptive behaviour	0 1 2 3 4	
2	Non-accidental self-injury	0 1 2 3 4	
3	Problem-drinking or drug-taking	0 1 2 3 4	
4	Cognitive problems	0 1 2 3 4	
5	Physical illness or disability problems	0 1 2 3 4	
6	Problems with hallucinations and delusions	0 1 2 3 4	
7	Problems with depressed mood	0 1 2 3 4	
(Specify disorder A,B,C,D,E,F,G,H,I, or J)			
8	Other mental & behavioural problems	0 1 2 3 4	
9	Problems with relationships	0 1 2 3 4	
10	Problems with activities of daily living	0 1 2 3 4	
11	Problems with living conditions	0 1 2 3 4	
12	Problems with occupation and activities	0 1 2 3 4	



# PEARDONVILLE HOUSE TREATMENT CENTRE

## GAIN ASSESSMENT

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

Name: a. \_\_\_\_\_ b. \_\_\_\_\_  
(First name) (Last Name)

Age: \_\_\_\_\_

The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for **two or more weeks**, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following statements, please tell us the last time you had this problem, if ever, by circling the appropriate corresponding number.

	Past month	2 to 12 months ago	1 + years ago	Never
1. When was the last time you had significant problems...				
a. With feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. With sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?	3	2	1	0
c. With feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?	3	2	1	0
d. When something reminded you of the past and you became very distressed and upset?	3	2	1	0
e. With thinking about ending your life or committing suicide?	3	2	1	0
2. When was the last time you did the following things two or more times?				
a. Lied or conned to get things you wanted or to avoid have to do something?	3	2	1	0
b. Had a hard time paying attention at school, work or home?	3	2	1	0
c. Had a hard time listening to instructions at school, work or home?	3	2	1	0
d. Were a bully or threatened other people?	3	2	1	0
e. Started fights with other people?	3	2	1	0
3. When was the last time...				
a. You used alcohol or drugs weekly?	3	2	1	0
b. You spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high or sick)?	3	2	1	0
c. You kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. Your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
e. You had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
4. When was the last time you....				
a. Had a disagreement in which you pushed, grabbed or shoved someone?	3	2	1	0
b. Took something from a store without paying for it?	3	2	1	0
c. Sold, distributed or helped to make illegal drugs?	3	2	1	0
d. Drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. Purposely damaged or destroyed property that did not belong to you?	3	2	1	0
5. Do you have other significant psychological, behavioural or personal problems you want treatment for or help with?	Yes	No		

If yes, please describe: \_\_\_\_\_