



PENFIELD

ADDICTION MINISTRIES

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Penfield Addiction Ministries is a Christ-centered ministry for reclaiming the lives of those suffering from addiction to drugs and alcohol. We teach clients to apply, through the power of Jesus Christ, Biblical principles, as expressed in the Twelve Steps of Alcoholics Anonymous. We refer to them as Twelve Steps for Successful Christian Living.

ADMISSION CRITERIA

- Prior to arrival at Penfield Addiction Ministries, the prospective client must be screened by admissions staff and agree to participate in and fulfill all terms and conditions for program participation. During the screening process, the prospective client will be briefed on the program components, terms and conditions of program participation, and other pertinent requirements.
- All clients must be legally competent adults that are at least eighteen years of age.
- Clients must bring a valid photo ID upon arrival. If the client does not have a valid photo ID, arrangements must be made with the admissions staff to bring alternative identity verification documentation.
- Clients with health insurance coverage must bring their insurance card upon arrival.

CONFIDENTIALITY

- All information on any client is confidential and cannot be released to anyone for any reason without a written Release of Information (ROI) for a specific individual or agency. Clients are provided with the opportunity to complete ROIs to individuals or agencies upon admission. These may be changed, added, or revoked at any time.
- PAM cannot and will not discuss any information with anyone including phone calls without an appropriate release of information.
- Information may be released to any law enforcement officer in the course of a criminal investigation.

FINANCIAL CRITERIA

- Program fees are normally paid at admission. Financial arrangements must be made with the admissions department, prior to approval for admission.
- PAM accepts most major insurance for treatment.
- PAM additionally provides an outpatient housing component that includes room and board with financing options.
- PAM does not accept responsibility for personal valuables. Valuables such as jewelry, expensive watches, or other similar items should be left at home and not brought to campus. Arrangements can be made for secure storage of valuable belongings when absolutely necessary.

LEGAL

- Any pending legal issues need to be resolved prior to admission or postponed until the client has completed the program. Failure to take care of legal matters may result in discharge for non-compliance. Clients must make their own PAM-approved transportation arrangements for any required showing for a court appearance that has already been scheduled prior to admission.
- Clients MUST disclose if they are under any legal mandate. It is expected that a legal mandate will be provided prior to or upon arrival for admission. If a mandate is not available at admission, arrangements must be made to have it provided immediately when it becomes available.
- Penfield cannot facilitate legal needs without a mandate including communication with parole officers, courts, law enforcement, and other legal personnel. This could lead to legal complications and perils for a client and must be avoided.

MEDICAL CRITERIA

- Clients must generally be able to take care of themselves without requiring physical or other assistance. The client must disclose the presence of any physical, emotional, or mental health condition that might restrict or limit their participation in the programs provided by PAM (including appointments with doctors, social workers, lawyers, probation officers, etc.).
- PAM is not authorized to provide assistive living or skilled nursing care. Individuals needing a higher level of care will be referred to another qualified provider.
- PAM will make any reasonable accommodations for individuals with disabilities. PAM accepts individuals with legally recognized and appropriately trained service dogs (visual or hearing impaired or physical disabilities unrelated to sight or hearing) but does not make accommodations for emotional support dogs/animals.

MEDICATIONS

- The client must provide information on all medications that they are taking including the name of the prescriber, dosage, time, route of administration, and purpose.
- Certain prescription medications that have a higher propensity for addiction may be prohibited and a substitution may be required. Prescriptions for medications that include controlled substances, medications that may be addictive, or that are mood-altering are not allowed. Admissions staff will work with each person to determine what is accepted. The client's qualified medical provider can prescribe substitutions when applicable for medications not allowed.
- The client must have an adequate supply of medications, to last the length of treatment, or have refills available to ensure that they can maintain compliance with their physician's orders. **Clients are responsible for the cost of their refills.**
- Over-the-counter medications that are needed on a regular basis are allowed. It is the responsibility of the client to bring in an adequate supply for the total amount of time in the program supply upon arrival. These items must be brought in their original unopened container. They will be checked in with the medical staff who will maintain and distribute as appropriate.
- Any type of supplement, vitamin, or other extraordinary items must have prior approval before being brought to campus and must be a part of a prescribed regimen authorized by a qualified medical provider.
- Clients requiring prescheduled off-campus visits or appointments to a qualified medical provider for preestablished medical purposes while in treatment must make their own PAM-approved transportation arrangements prior to admission.
- Clients taking any medications with potential contraindications must be on a stable dosage prior to admission. Consideration may be required by medical personnel to evaluate the impact that any contraindication would have on the individual's ability to participate in the rehabilitation program at PAM.

NURSING ASSESSMENT

- A nursing assessment is required prior to admission. This may be completed with an individual's own provider or may be completed by PAM upon arrival at an additional cost. The assessment includes requirements of the State of Georgia:
 - * There must be a negative TB test or clear chest X-ray dated within the past twelve months.
 - * There must be a Non-Reactive RPR (syphilis) dated within the past twelve months.
- Individuals with an addiction history that includes alcohol or benzodiazepines will require particular attention to screening for detoxification prior to admission.

PROGRAM

- Penfield Christian Homes is a Baptist-oriented religious organization and operates on Christian principles but does not insist that clients accept the faith of any particular denomination. The concept of helping individuals in addiction by motivating them through Biblical teachings is at the heart of the program. The program is aimed at helping and healing the whole person. Penfield offers several programs that include:
 - A six-week intensive treatment program (men and women)
 - Longer-term transitional services (usually up to one year)
 - Sober living (for an indefinite time frame)
 - Separate campuses for men and women
 - Legally mandated (typically one to two years)
- Typical program activities include:
 - Classroom instruction on addiction education
 - Individual and group therapy
 - Recreational and activity therapy
 - Attendance and participation in groups such as Celebrate Recovery, AA, etc.

TELEPHONE CALLS

- Clients may not receive phone calls; however, family or authorized individuals will receive notification in the event of any emergency or problem.
- Clients may earn daily phone privileges for evening calls after the second week of treatment.

SMOKING/TOBACCO USE

- The use of tobacco products including cigarettes and “dipping” is allowed but only in designated smoking areas at each campus (no pipes, cigars or vaping allowed).
- Clients should bring enough to last until the first visitation or for the entire 6-weeks.

VEHICLES

- Clients in the six-week intensive treatment services are not allowed to have their own vehicles on campus.

VISITORS

- Professionals that have had prior involvement with a client may visit any time during the client’s course of treatment. This includes the client’s pastor, physician, psychologist, licensed therapist, lawyer, and other professionals. Prior notification is requested.
- Immediate family members are allowed for visitation:
 - Beginning on the client’s 3RD Saturday in treatment, AND
 - When the approved visitor(s) have completed the family education class on that Saturday. Family education classes are held every Saturday and begin at 9:30 a.m. Visitors may also return the next day and visit off-campus from noon until 4:30 p.m.
 - Visiting hours are from noon until 4:30 p.m.
 - Unauthorized visitors are not allowed on campus.
- If a client is a member of a church, the Pastor or other member of their home church should be committed to praying for them while they are at PAM. It is also recommended that the home church be involved in follow-up aftercare.

ZERO TOLERANCE BEHAVIORS

- Zero tolerance behaviors are unacceptable behaviors that will result in immediate suspension from the program. These include but are not necessarily limited to:
 - Any act of physical violence such as kicking, hitting, throwing objects, spitting, or another

inappropriate acting out behavior.

- Violent or terroristic threats against staff and others – verbal or physical.
- Possession of weapons or anything that can be used as a weapon.
- Possession or use of illegal, illicit, or unapproved substances, alcohol, drinking alcohol, and any other use of drugs.
- Vandalism or destruction of property, including kicking or punching walls, destruction of property, destroying furniture or work, or similar offense.
- Theft of agency property or the property of any other client or person.
- Law enforcement will be called for an appropriate response for criminal behavior such as possession of illegal drugs, terroristic threats, theft, etc.

WHAT TO BRING AND WHAT NOT TO BRING WHEN COMING TO CAMPUS

ITEMS TO BRING

1. A six-week supply of approved medications (the client is responsible for making the arrangements to obtain and pay for the cost of refills).
2. Writing materials for taking notes and writing letters.
3. Clients may have up to a maximum of \$100 in their possession to purchase personal items.
4. Seasonally appropriate attire such as jeans, khaki pants, shorts, swimming trunks (no sleeveless shirts). The T-shirts are OK. For men, a collared shirt for church attendance is appropriate but nothing dressy is required.
5. Washcloths, towels.
6. Bed linens and blankets for a twin-size bed, pillow, and pillowcase.
7. Toiletries and laundry detergent
8. Stamps and Envelopes for mailing.
9. Laundry bag for dirty clothes (extra pillowcase will do)
10. A Picture ID

OPTIONAL ITEMS

1. Alarm Clock
2. Baseball Glove
3. Work Gloves
4. Tobacco Products. Clients who use tobacco products should bring enough to last until the first visitation or the entire 6-weeks.

DO NOT BRING

1. Any medication that has not been approved.
2. After-shave, cologne, mouthwash, hairspray, or any other aerosol sprays or items that contain any form of alcohol (i.e., ethyl alcohol).
3. Tobacco products such as "roll your own" cigarettes, pipe smoking, cigars, or vaping materials.
4. Electronics such as a TV, radio, iPods, iPads, cell phones, smartwatches, etc.
5. Books or magazines except for Bible and AA/NA. No CDs or DVDs.
6. Golf clubs or musical instruments (including guitars).
7. Clothing with advertising or wording that is not acceptable includes any reference to profanity, racial or ethnic slurs, or any reference thereof and is expressly forbidden. Clothing with reference to or advertising of tobacco products or alcohol products is prohibited.
8. Any valuables such as expensive jewelry, watches, rings, necklaces, etc.
9. Any of your own drinks or drink mixes (soft drinks available for purchase).
10. Any food, snacks, or candy.

IF THERE ARE ANY QUESTIONS ABOUT THIS LIST,
PLEASE CALL AND ASK BEFORE ARRIVING

Visit Our Website @ www.penfieldaddictionministries.org
(706) 453-7929

“Reclaiming Alcohol and Drug Addicted Men and Women Through Christ and Christian Love.” II Corinthians 5:17

NURSING SCREENING AND ASSESSMENT

Date	Time	Name of Nurse or Qualified Medical Provider	Title

Client Name

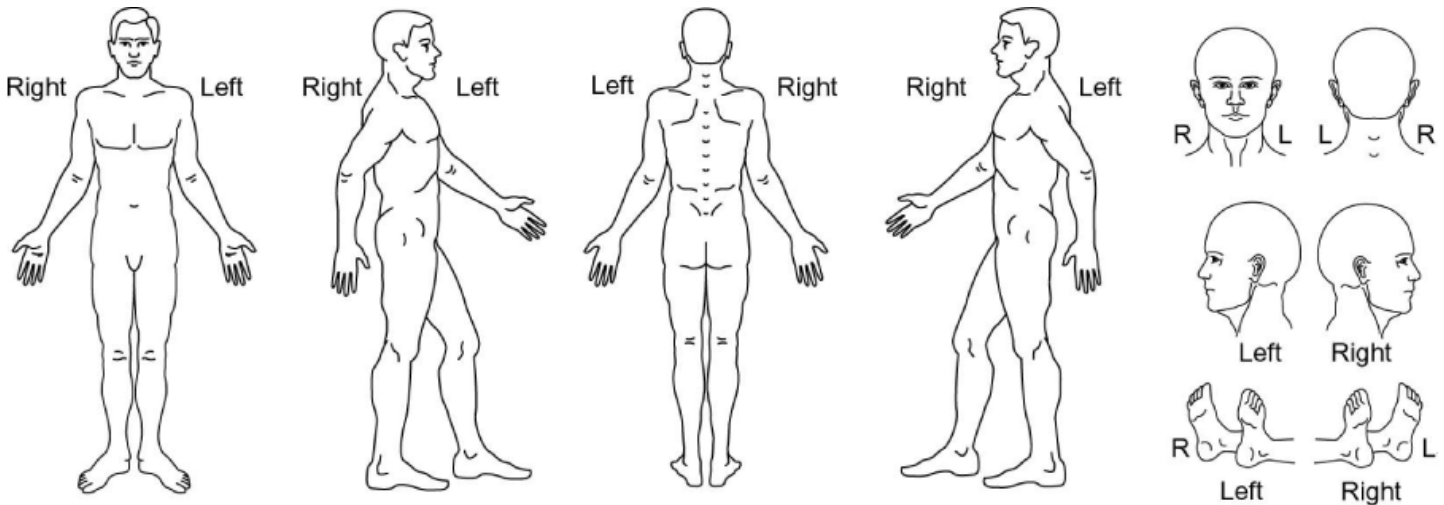
Impression

Date of last Visit	Reason

BP systolic	BP diastolic	Temperature	Pulse	Respirations	O² Saturation

Height	Weight	Eye Color	Hair Color

Indicate on diagram all body marks such as scars, lacerations, bruises or discoloration, ulcerations, deformities, marks, etc.



Explanation of markings:

PLEASE LIST ALL CURRENT MEDICATIONS (ATTACH SHEET FOR ADDITIONAL MEDICATIONS IF NECESSARY)				
NAME OF MEDICATION	DOSAGE	FREQUENCY	PURPOSE	PRESCRIBER

SIGNS AND SYMPTOMS OF WITHDRAWAL – PLEASE CHECK ALL APPLICABLE ITEMS				
Tremors	Nausea	Anxiety	Diarrhea	Abd. Cramps
Sweats	Unsteady Gait	Irritability	Chills	Vomiting
Muscle Cramps	Loss of Appetite	Hypertension	Headache	Restlessness
Other				

HISTORY OF PHYSICAL COMPLICATIONS FROM DRUG/ALCOHOL DETOX				
Seizures	DTs	Blackouts	Hallucinations	Other

REVIEW OF SYSTEMS

HIV: Date of Last Test	Comments

Neurological				
Denies problems	Seizures	Headaches	Speech/Language/Gait	Head trauma
Hx of ECT? When				
How many times?				
Other findings				

Gastro-Intestinal				
Denies problems	Constipation	Diarrhea	Hemorrhoids	Incontinence
Laxative use often	Other findings?			

Bowel				
Denies problems	Anorexia	Nausea	Vomiting	Abdominal pain
Hernia/ulcers	Other findings?			

Urinary				
Denies problems	Dribbling	Burning	Incontinence	Nocturia
Hematuria	Infection	Prostate problems	Frequency	
Other findings				

Cardio-Respiratory				
Denies problems	Cough	Asthma	Chest Pain	Edema
Emphysema	SOB-COPD	History of CVD	History of MI	Hypertension
Other findings				

Endocrine				
Denies problems	Diabetes	Thyroid Problems	Heat/Cold Intolerance	Kidney

Skin				
Denies problems	Dry	Moist	Warm	Flushed
Abrasion	Rashes	Turgor	Brisk	Tenting
Other findings				

Dental				
Denies problems	Dentures	Pain/Loose Teeth	Bleeding	
Other findings				

Nose Throat				
Denies problems	Colds	Soreness/Redness	Hoarseness	Epistaxis
Coughing Up Blood	Other findings?			

Reproductive				
Denies problems	STD	Risk Behaviors		
Not Sexually Active	Sexually Active	Safe Sex		
Surgical History				
Other Findings				

Reproductive – FEMALES ONLY				
Date of Last Menses		Comments		
Are you currently, or could you possibly be pregnant?				
Yes	No			
Comments:				

Speech				
No Problems	Stutters	Muted	Rapid	Slurred
Pressured	Mumbles	Soft		
Other Findings				

Vision				
No Problems	Blurring	Glasses	Contacts	Visually Impaired
Legally Blind				
Other Findings				

Hearing				
No Problems	Ear Pain	Hearing Aid	Hearing Impaired	Deaf
Uses ASL				
Other Findings				

Sleep				
No Problems (WNL)	Avg. Hours/Night	Early AM Awake	Night Time Awakening	Insomnia
Need Medications				
Other Findings				

Self Care (Hygiene)				
Good	Fair	Poor	Needs Assistance	Needs Education
Other Findings				

List Allergies	
No Known Allergies/NKA	

Pain Screen			
Do you currently have any physical pain?			
Yes	No	Score (1-10)	
Comments:			
Within the past two weeks, have you taken any medications or treatments to control pain?			
Yes	No		
If yes, list medications and treatments			
Have you had any significant, reoccurring, or chronic physical pain in the last six months that has not been resolved?			
Yes	No		
Unable to Verbalize	Can Verbalize		
Comments			

Suicide Screen			
Do you currently have any suicidal ideation?			
Yes	No		
Comments			
Within the past two weeks, have you had any suicidal ideations?			
Yes	No		
If yes, list medications and treatments			
Have you had any significant, reoccurring, or chronic suicidal thoughts in the past six months?			
Yes	No		
Unable to Verbalize	Can Verbalize		
Comments			

(If the patient responds "Yes" to any of the three questions, continue with Suicide Assessment)

If a Suicide Risk Assessment was completed, what was the score and describe the results			
NA			
Unable to Demonstrate Signs/Symptoms of Suicidality	Can Demonstrate Signs/Symptoms of Suicidality		
Comments			

Does the patient have a positive history of:					
HA, Vertigo	Dysphasia	Itching/Rashes	Unusual Discharges	Seizures	
Sleep Disturbances	Psychiatric Problems	Mood or Behavior Changes	Dyspnea, Cough, or Shortness of Breath	Chest Pain or Discomfort	
Pain in Joints, Bones or Muscles	Abdominal Pain, Diarrhea, Constipation	Infectious Disease (MRSA, Hepatitis, etc.)	Allergies/Adverse Medication Reactions	Other Histories of Note	
Other					

If yes to any of the above, please give further details and explanations:

PPD (REQUIRED)

Date Placed	Placed Right Arm	Placed Left Arm		
Date Read	Negative	Positive	Not Yet Read	Penfield staff can read the PPD results IF the person is in the program during the acceptable window of time from the time of placement.
If positive, explain how the patient was ruled out for TB				

RPR (REQUIRED)

Date Drawn	Date Resulted	Is further treatment needed? (If yes, as noted above)

TREATMENT READINESS

Based on your assessment, is there any reason why the patient cannot participate in a substance abuse treatment program?

Based on your assessment, are there any concerns that need to be addressed before the patient attends a substance abuse program?

Based on your assessment, does the patient require detox from benzodiazepines or alcohol before entering a substance abuse treatment program? (REQUIRED RESPONSE IF EITHER IS INDICATED AS A PART OF PATIENT'S DRUG USE HISTORY)

ASSESSORS SUMMARY

NURSING ASSESSMENT (To be completed by an RN or other equivalent Qualified Medical Professional)

Letter of Medical Necessity

Section 1

Patient Name: _____ Date: _____

Employer Name: _____

Section II

Diagnosis: _____

Treatment Duration Start date: _____ End date: _____

(Please describe the **medical condition**, the **treatment you recommend**, and **how such treatment relates** to the diagnosed condition).

Over the Counter (OTC) Medicines and Drugs - if you are prescribing vitamins/supplements please use Section II

I certify that I have issued a prescription for the Over-the-Counter Medicines and drugs listed below and that I am an individual authorized to issue a prescription in the state in which the prescription was issued and that the prescription meets the legal requirements of a prescription in the state in which the medical expense is incurred.

List Over-the-Counter medicines and drugs

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Provider's signature: _____

Clinic/Hospital/Office Name: _____

Address: _____

Phone Number: _____

What supplements are actually necessary?

- Vitamin D
- Magnesium
- Calcium
- Zinc
- Iron
- Folate
- VitaminB-12
- Multivitamin
- Fish Oil
- Magnesium
- Probiotics
- *Vitamin C*