

Penfield Addiction Ministries

For More Information Visit Our
Website www.paminc.org

Information Pack

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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 them 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.

A. PROGRAM CRITERIA:

1. Prior to arrival at Penfield Addiction Ministries, the client must be interviewed by program staff and agree to participate in all parts of the program. During their telephone interview, the client will be briefed as to the nature of the program as outlined in the attached "Client & Family Orientation." To complete the interview, please call us at 706-453-7929 Monday thru Friday between 9 AM and 4 PM.
2. All 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.
3. Client should have their Pastor or some other member of their home church committed to praying for them while they are at PAM. Their home church should also be involved in follow up care given to the client.

B. MEDICAL CRITERIA:

1. Must be an adult, eighteen years old and older, able to take care of themselves. The client must disclose the presence of any physical, emotional, or mental health condition that might restrict or limit their participation in the rehabilitation program at PAM. (This includes appointments with doctors, social workers, lawyers, etc.)
2. Client must disclose all medication that they are taking, the dosage, and the time it should be taken. Client must have an adequate supply of medication, to last the length of treatment, or have refills available to ensure that they can maintain compliance with their physician's orders. Client must also give the names and address of the physician who prescribed the medicine. Addictive or mood-altering medications are not allowed. Clients taking psychotropic medications or other medications with possible severe side effects must be on a stable dosage for whatever time is necessary, prior to admission, for medical personnel to evaluate the impact that side effects would have on the clients' ability to participate in the rehabilitation program at PAM.
3. Client must be detoxified from all mood-altering chemicals, including addictive prescription medication. A statement signed by a physician, or their designee, stating that the client does not require medical detox is required, this statement must be completed on the day of admission.
4. Client must have the following for admission:
 - a. Client must have a negative TB test or clear chest X-ray dated within the past twelve months.
 - b. Client must have a Non-Reactive RPR dated within the past twelve months.
 - c. Client must have a statement saying he has been successfully detoxed or does not require medical detoxification. Statement must be completed by the day of admission.
 - d. Client must have attached medical forms filled out by a medical professional and fax them to us at 1-888-785-0613, by the day of admission.

C. FINANCIAL CRITERIA:

1. Program fees are normally paid upon admission. Financial arrangements must be made with the Executive Director or their designated representative, prior to approval for admission.
2. Client should have someone committed to sending him \$40 to \$60 per week for personal expenses via money order. Mainly used for tobacco products.

Penfield Addiction Ministries

Client & Family Orientation

THE PROGRAM:

- Intensive Residential Treatment Program. Dormitory environment, non-medical facility.
- Daily Spiritual and addiction education session, daily group therapy sessions, daily work/recreation activities.
- Attendance to all worship services is mandatory.
- Clients are required to participate in all aspects of the program, including written assignments.
- Peer pressure teaches responsibility, teamwork, communications, and proper relationships.

ADMISSION CRITERIA:

- Must be an adult (18 or older) physically, mentally, and emotionally able to take care of oneself.
- Client must be interviewed by program staff and agree to fully participate in our program.
- Client must be detoxified from all mood-altering chemicals, including addictive prescription medication.
- Client must be free of contagious diseases.
- All pending legal issues need to be resolved prior to admission or postponed until the client is discharged from PAM.
- Financial arrangements must be made with the Administrator or his designated representative.

CONFIDENTIALITY:

- Information on clients cannot be given to families or the general public without the client's written permission.
- Information will not be withheld from the constituted authorities of the criminal justice system.
- All visitors to Penfield Christian Home are bound by federal law to honor client confidentiality.

PHONE CALLS:

- Clients may not receive phone calls.
- Family members will receive notifications in the event of any emergencies or problems relating to the client.
- Clients in the 30-day Men's program may receive phone privileges on their fifth day of treatment.
- Clients in the 6-week Women's program may receive phone privileges after their second week of treatment.

VISITING:

- Clients are allowed visitors their 3rd weekend at Penfield Addiction Ministries.
- Pastors may visit clients at the pastor's convenience. Please call and advise staff of when you plan to visit.
- Only authorized visitors may come to Penfield. The two qualifications of any authorized visitor are:
 1. Must be an immediate family member named by the client as a desired visitor, unless given approval by the counselor.
 2. Must agree to attend the client's Family Education Class.
- Unauthorized Visitors will be asked to leave the campus.

30-Day Clients (MEN):

- Clients are allowed visitors after five days at Penfield Addiction Ministries.
- Visitors must attend the Family Education Class (at 9:45am) each Saturday they choose to visit.
- Visiting hours are noon until 4:30 p.m. every Saturday. Please notify staff upon your arrival.

6-Week Clients (WOMEN):

- Clients are allowed visitors their 3rd weekend at Penfield Addiction Ministries.
- Visitors must attend their scheduled Family Education Day on the first Saturday of the month.
- Visiting hours are noon until 4:30 p.m. every Saturday and Sunday. Please notify staff upon your arrival

OF IMPORTANCE:

- We can only share with the clients the "tools" that we know work to live the full, abundant life Christ has promised us, free from alcohol and other addictive drugs.
- Those clients that will prioritize these in their life will remain free from a life of addiction. It is up to the client.
- Proper aftercare is extremely important to continued recovery. When appropriate we assist clients in finding suitable halfway houses for further rehabilitation and practice of recovery skills.

DO BRING

1. A 30-day supply of approved medications (make arrangements for refills).
2. Personal Bible and any AA/NA books you have
3. (3) Full-size spiral notebooks for taking notes and journal.
4. Pens, pencils, and highlighter.
5. Clients may have up to a maximum of \$60 in their possession to purchase personal items.
6. Coat hangers.
7. Seasonally appropriate attire such as jeans, khaki pants, shorts, swimming trunks. Shirts MUST have some type of sleeve. T-shirts are OK. A shirt with a collar for church, nothing dressy is required.
8. Washcloths, towels.
9. Bed linens and blankets for a twin-size bed, pillow, and pillowcase.
10. Toothbrush and toothpaste, deodorant (stick or roll-on, shaving needs, soap, soap dish, shampoo, laundry detergent, shower shoes/flip-flops).
11. Stamps and Envelopes
12. Laundry bag for dirty clothes (extra pillowcase will do)
13. A Picture ID

DO BRING

OPTIONAL ITEMS

- Baseball Glove
- Work Gloves
- Extra Cigarettes

DO NOT BRING

1. Any medication without the Chief Operating Officer’s prior approval.
2. After-shave, cologne, mouthwash, hairspray or any other aerosol sprays.
3. Tobacco products for “roll your own” cigarettes, pipe smoking, or cigars.
4. ANY ELECTRONICS such as TV, radio, iPads, cell phones, smart watches, etc.
5. Books or magazines except for Bible and AA/NA. No CDs or DVDs.
6. Golf clubs or musical instruments (including guitars).
7. Inappropriate clothing.
8. Any valuables such as expensive jewelry, watches, rings, necklaces, etc.
9. Any of your own drinks or drink mixes (We have Cokes available for purchase).
10. Any food, snacks, or candy.

DO NOT BRING

IF YOU HAVE ANY QUESTIONS ABOUT THIS LIST,
 PLEASE CALL AND ASK BEFORE YOU ARRIVE.
 For a Complete and Updated List, Visit Our Website
www.PenfieldRecovery.com
 (706) 453-7929
Clients MAY NOT have any vehicles here!

DO BRING

1. A 6-week supply of approved medications (make arrangements for refills).
2. Personal Bible and any AA/NA books you have
3. (3) Full-size spiral notebooks for taking notes and journaling.
4. Pens, pencils and highlighter.
5. Clients may have up to \$60 in their possession to purchase personal items.
6. Clothes hangers.
7. Seasonally appropriate attire such as jeans, capris, bathing suit (one piece or tankini), and knee length shorts. Church clothing may be nice jeans, sweater/blouse, sandals/boots, etc. Appropriate underwear must be worn at all times (this includes a bra). No thongs are allowed.
8. Wash cloths, towels.
9. Bed linens and blankets for a twin-size bed, pillow and pillow case.
10. Toothbrush and toothpaste, deodorant, tampons/pads, hair styling appliances, make-up, soap, soap dish, shampoo, and laundry detergent.
11. Stamps and Envelopes
12. Laundry bag/basket for dirty clothes (extra pillowcase will do)
13. A Picture ID

DO BRING

OPTIONAL ITEMS

- Extra Cigarettes
- Alarm Clock (no radio)

DO NOT BRING

DO NOT BRING

1. Any medication without the Chief Operating Officer's prior approval.
2. Perfume, body spray, mouthwash, hairspray or any other aerosol sprays or any pressurized container, (i.e.: mousse, shaving lotion.)
3. Tobacco products for "roll your own" cigarettes, pipe smoking, or cigars.
4. ANY ELECTRONICS such as TV, radio, iPads, cell phones, e-cigs, smart watches, etc.
5. Books or magazines except Bible and AA/NA. No CDs or DVDs.
6. Inappropriate Clothing (Anything that goes against the Spirit of Christianity or Recovery)
7. Nail polish or polish remover
8. Musical instruments
9. Any valuables such as expensive jewelry, watches, rings, necklaces, etc.
10. Any of your own drinks or drink mixes.

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"Reclaiming Alcohol and Drug Addicted Men and Women through Christ and Christian Love." II Corinthians 5:17

Nursing Assessment

Name _____ Date _____
Date of Birth _____ Primary Care Physician _____

Medications

List ALL current medications, supplements, vitamins, over-the-counter, and how often you take them:

Medication Name	Dose	Frequency	Prescribed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol and Drug Abuse

Do you drink alcohol? Yes No If Yes, when was the last time you drank alcohol? _____

If Yes, how often and how much do you drink? _____

Do you use any illegal drugs, or take medications not prescribed to you? Yes No If, yes please answer below:

Drug Name	How Often	How Much	Last Use within seven days
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tobacco History

Have you ever smoked cigarettes? Yes No Currently? Yes No

If Yes, how many packs per day on average? _____ For how many years? _____

Medical History

Allergies _____ Current Weight _____ Height _____

Do you have any trouble walking, writing, speaking, hearing, or seeing? Yes No If Yes, please explain _____

Are you currently being treated for an infectious disease such as, but not limited to MRSA, HIV, AIDS, Hepatitis, and / or Tuberculosis? Yes No If Yes, please explain. _____

Have you ever been treated for any of the following:

- Seizures Brain Injury / Head Trauma Stroke Hepatitis Cancer
- High Cholesterol Heart Disease Rheumatic Fever Anemia Heart Attack
- High Blood Pressure Staph Infections Asthma Tuberculosis COPD Emphysema
- Diabetes Thyroid Problems Liver Problems Stomach Problems
- STDs Kidney / Bladder Problems HIV / AIDS Sexual Problems
- Substance Abuse Anxiety Depression Other mental problems

Please list any past surgeries

Physical Assessment

Is the client alert and oriented to person place time and situation? Yes No

Breathing within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nutrition within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel / Bladder function within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Musculoskeletal within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any open wounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circulation within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respirations within normal limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental problems	<input type="checkbox"/> Yes <input type="checkbox"/> No

If No, please explain. _____

For women only

Date of last menstrual period _____ Are you currently pregnant or could you be pregnant? Yes No.
Are you planning to get pregnant in the near future? Yes No Birth control method _____

Suicide Risk Assessment

1. Have you recently had feelings, or thoughts that you didn't want to live? Yes No. If yes, please explain

 2. Have you recently tried to kill or harm yourself before? Yes No If yes, please explain.

 3. Do you currently have feelings or thoughts that you do not want to live? Yes No If yes, please explain

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Vital Signs

Blood pressure _____ / _____ Pulse _____ Respirations _____ Pulse Oximetry _____ Temperature _____

PPD: Date placed _____ Location right arm left arm

Date read _____ Read By _____ MM of Induration Positive Negative

Client's with a positive TB test must follow up with the local health department for evaluation.

RPR: Date drawn _____ Date resulted _____ is further treatment needed Yes No

Do you agree to fax a copy of the RPR results to 1-888-785-0613? Yes No

Based on your assessment, are there any concerns that need to be addressed before the client attends a substance abuse program? Yes No If Yes, please explain. _____

Based on your assessment, is there any reason why the client cannot participate in a substance abuse recovery program? Yes No If Yes, please explain. _____

Based on your assessment, does the client require detox from Benzodiazepines, or Alcohol before going to a substance abuse recovery program? Yes No If Yes, please explain. _____

Name of facility where assessment was completed: _____

Facility phone number: _____

Printed name and title of staff completing assessment: _____

Signature of professional completing assessment: _____ Date: _____

Please attach any additional information you feel necessary.
