

PATH TO FREEDOM TREATMENT CENTER  
19030-56<sup>th</sup>. AVE. Hwy. 10  
CLOVERDALE (SURREY)  
V3S 4N7 BC CANADA  
**PHONE: 604-576-6466**  
www.pathtofreedom.net  
REFERRAL PACKAGE

The information in this referral must be received by Path To Freedom prior to admission. It will remain confidential and will be used to match the suitability of the treatment and program offered to the client's needs. CLIENTS WILL NOT BE IN WAITING LIST UNTIL RECEIPT OF THIS REFERRAL FORM BY FAX TO 1-604-576-6488 E-MAIL; [hardev@pathtofreedom.net](mailto:hardev@pathtofreedom.net)

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

SIN #: \_\_\_\_\_ MSP # \_\_\_\_\_

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Payment: (Check One) MHSD: \_\_\_\_\_

UIC: \_\_\_\_\_

Self \_\_\_\_\_

Others: \_\_\_\_\_

Previous treatment? If yes-When And Where \_\_\_\_\_

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Medical/Psychological History: If clients has been treated for a medical or Psychological disease or illness that would require special treatment or attention. \_\_\_\_\_

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Is client on any medication? If so, What and why? \_\_\_\_\_

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Chemical Use History: \_\_\_\_\_

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Referring agents assessment of client : Please include information on clients strengths, goals and motivation level.

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Legal Status: Does clients have any outstanding charges/court appearances that would interrupt his treatment program? If yes , please explain .

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## PATH TO FREEDOM ADMISSION CHECKLIST

Please answer the following question to the best of your ability	Yes	No
<ol style="list-style-type: none"><li>1. When was the last time you used drugs/alcohol.</li><li>2. Are you aware that legal issues (court appearances, parole or probation appointments or lawyers appointments) need to be dealt with after first thirty days of admission to Path To Freedom?</li><li>3. Are you aware that you need enough money for personal expenses?</li><li>4. Are you aware that you will not be allowed to attend any medical appointments, (except medical checkups) these must be rescheduled?</li><li>5. Are you well enough to attend all aspects of the program at Path To Freedom?</li><li>6. Are you mentally stable at this time?</li><li>7. Are you at risk for suicide?</li><li>8. Are you willing to participate in all aspects of Path TO Freedom.</li><li>9. Are you able and willing to complete any chores assigned to you?</li></ol> <p style="margin-top: 20px;">I have answered these questions truthfully to the best of my ability.</p> <p><b>Client Signature</b></p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<p><b>Referring Agent</b></p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		