

# Pre-arrival Screening Tool

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

CLIENT INFORMATION	
Name	
Pronouns	
Preferred language	
Phone	
DOB	
Full address	
Health card number	
Referral source	

## ADMISSION CRITERIA

1. Are you looking for a safe place to withdraw from substances used?  Yes  No
2. Are you looking for medical assistance to withdraw from substances used?  Yes  No
3. Are you currently suspended or restricted from any WMS?  Yes  No

YES to (1) is sufficient for admission; (2) may be YES or NO.

If NO to (1) and YES to (2), please refer to the Community Withdrawal Support Program.

If YES to (3), please contact the manager on call prior to admission.

## SUBSTANCE USE

List each substance, pattern of use (e.g., daily/binge use), and time of last use:

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What does your typical withdrawal look like? Have you ever gone to the emergency department because it got so bad?

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## EXCLUSION CRITERIA

If any of the following criteria are met, please refer to the appropriate service provider (e.g., emergency department, addiction clinic):\*

- New cough, fever, vomiting, diarrhea (prior to the onset of withdrawal symptoms)
- Acute serious injuries requiring medical attention (e.g., broken bones, head injuries)
- Acute psychosis or mania
- Inadequately controlled chronic psychiatric disorders
- Active suicidal or homicidal ideation with plan or intent
- History of hallucinations or seizures when stopping substance use (NOTE: appropriate after loading doses)
- History of delirium tremens (DTs) (NOTE: appropriate after loading doses)
- In active withdrawal from benzodiazepine-class drugs
- Current agitation or aggression
- Chronic medical conditions requiring significant medical monitoring (e.g., severe CHF)
- 16 years of age or under

**\*Admission may be appropriate after medical assessment; encourage the client to return when acute concerns are addressed.**

If any of the following criteria are met, please contact WMS healthcare provider to determine if admission is appropriate):\*

- Minor acute injuries (e.g., open sores, wounds, skin infections)
- Have stopped medication for chronic illnesses within the last 60 days
- Pregnant or thinks they may be pregnant
- Missing medications for chronic or acute illnesses (e.g., insulin, blood pressure medication)
- Concurrent benzodiazepine and alcohol withdrawal
- History of seizures

**If yes:** On treatment?  Yes  No

Date of last seizure: \_\_\_\_\_

**\*Timed admission may be appropriate when medical staff are on site.**

## MEDICAL SCREEN

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical history (e.g., history of stroke, heart attack, blood pressure concerns, diabetes, hepatitis, HIV, or at risk for a medical condition):

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\_\_\_\_\_

Current medications (prescription, over-the-counter, supplements) and condition they are treating:

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Are there medications you should be taking but are not? Please explain:

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Are you currently or have you ever been on methadone, buprenorphine (Suboxone®), slow-release oral morphine (Kadian®), or safer supply? Please provide prescriber, dose, pharmacy, and last time taken:

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Mental health history: \_\_\_\_\_

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Have you been hospitalized overnight in the last 90 days? Please explain:

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## ADMISSION CRITERIA

Has the client been informed of the WMS guidelines, policies, and regulations?

Yes

No

Has the medication policy been explained?

Yes

No

Has the client passed the COVID screener?

Yes

No

How will you get here? \_\_\_\_\_

Can your ride stay while we check you in?

Yes

No

Are you being transferred from another facility?

Yes

No

**If yes:** What is the reason for your visit to that facility? \_\_\_\_\_

Will you be transferred back after your WMS stay?

Yes

No

Outcome of phone call (e.g., estimated time of arrival, referral to ED): \_\_\_\_\_

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Form completed by: \_\_\_\_\_