



Dear Physician:

Your patient has initiated an application to attend the Residential/Day Treatment Services at NDSAP.

Upon completion of their pre-admission package they will be assessed for treatment readiness.

In order to facilitate and expedite their application please complete the following forms so your patient can begin their program as soon as possible.

- 1. Pre-Admission Health Form** – Please only include medications that the client will be taking while in treatment.
- 2. Pre-Printed Order for PRN medications** – In order to provide care to your patient please consider ordering PRN medications. Patients entering treatment often ask for these medications to alleviate symptoms and avoid unnecessary ER or walk in clinic visits. Usage of any of these PRN's are monitored for desired effectiveness. For your convenience attached is a pre-printed order which, if completed, will allow our nursing staff to provide care to your patient in a timely fashion.
- 3. Pt to bring original** of Pre-Printed Order form with them to treatment.

If you prefer that we contact you to authorize individual requests by your patient for PRN medications, please provide a contact number where we can reach you during their 21 day stay.

Should you have any questions or concerns please do not hesitate to contact the undersigned.

Thank you for your assistance,

Carla Watson, BSW RSW
Central Intake
(705) 476-6240 ext. 6294

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