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TOP SHEET – CLIENT DATA

Full name of patient_____ s/d/w of _____

CNIC No./Mark of identification _____

Gender and age _____ Married, single or widowed _____

Occupation _____Religion _____

Address: _____

Guardian/Relative Name_____ Relation_____

Presenting Problem_____

Does the Presenting Problem have a History?_____

Any past Treatment history_____

Due to Presenting Problem whether patient is suicidal Yes ☐ No ☐ Don't Know ☐

Whether the patient is known to be suffering from any other illness. Yes ☐ No ☐ Don't Know ☐

Whether any near relative (stating the relationship) has been affected with mental illness.

Yes ☐ No ☐ Don't Know ☐

Whether the patient is addicted to other intoxicants.

Yes ☐ No ☐ if yes specify _____

The Information above is true to my knowledge, information and belief.

Date _____ Clients'/ Guardian Signature

***THIS FORM IS IN CONFORMITY WITH SINDH MENTAL HEALTH AUTHORITY PERFORMA. SIND HEALTH CARE COMMISSION REGISTRATION NO: THERAPY WORKS - SHCC/P-KHI/04266**

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Consent of Patient

I_____S/O, D/O,W/O_____

I am willingly getting admission in Rehabilitation center. I have been well informed about the procedure of treatment. I confirm that I have had all my questions answered fully and with as much professional wisdom as maybe available. I also agree to the payment terms.

Visiting time, place and duration will be as per Therapy Works instructions.
I am willing to take part in all activities as deemed appropriate by the staff team to support my recovery, including Family Therapy.

This is a rehab/psychiatric hospital addressing a patient's addiction/psychiatric/emotional behavorial psychopathology.

I acknowledge that no guarantees or 'promises' have been made to me as o the outcome of this treatment. All information shared about treatment does not ensure or guarantee a specific outcome.

Date _____

_____
Clients'/ Guardian Signature

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CONSENT AND UNDERTAKING
OF
CLIENT/ GUARDIAN'S / FAMILY MEMBERS

PAYMENT TERMS		
Single Private Room	**Sharing Room**	**Time Duration**
		First 30 days payable in advance
		Second month payable in advance
		Third month payable in advance

Note : All payments are nonrefundable if LAMA (Leave Against Medical Advice)

Name _____ Relationship with Client_____

1. I have been well informed about the procedure of treatment.
2. I confirm that I have had all my questions answered fully and with as much professional wisdom as maybe available.
3. I also agree to the payment terms.
4. I acknowledge that no guarantees or 'promises' have been made to me as o the outcome of this treatment. All information shared about treatment does not ensure or guarantee a specific outcome.
5. For Opioid, Cocaine, and severe alcoholism treatment, acute psychosis minimum duration of stay/treatment is 90 days and Families cannot interfere in the treatment plan.
6. These packages include cost of Air conditioned room, General physician / Internal Medicine, Occupational Therapy, One to One therapy, Art Therapy, Yoga Classes, Medicines, Breakfast, Lunch ,Dinner, Picnics, Beach and Movie Outings, and Outpatient Family therapy.
7. In the event of a medical emergency, the patient will be transferred to a medical facility, till the patient medically stabilizes. Medical facility expenses will be at the cost of the patient/ patient's family.
8. Families will have to comply fully with all Therapy Works' instructions during the treatment and be available for Family Therapy.
9. Family meetings including frequency of meeting is at the sole discretion of Therapy Works.
10. All families must adhere to COVID-19 Therapy Works face to face meeting restrictions.

I have read and understand the terms of admission mentioned in this form and agree to all the same.

_____
Clients'/ Guardian Signature

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CONSENT TO PARTICIPATE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Date:_____

Name _____ Relationship with Client_____

I have admitted _____into Therapy Works Psychiatric/ Addiction facility located in Karachi.

He /She is a known case of _____.

I have allowed Therapy Works' team for emergency Intervention of _____

In the event of a medical emergency, the patient will be transferred to a medical facility, till the patient medically stabilizes. Medical facility expenses will be at the cost of the patient/ patient's family.

I am aware of all the risks, hazards and uncertainties associated with the treatment procedure, and understand that every precaution will be taken to ensure the safety of _____ at all time.

I therefore will not hold Therapy Works, or the doctors and team in charge, responsible for any consequences given his age and condition.

_____
Clients'/ Guardian Signature

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Medical Certificate

In the matter of [name of patient] _____s/d/w of _____ who is allegedly Alcoholic / Drug Addict / mentally ill person and is resident of _____

1. I, the undersigned [name of doctor] _____do hereby certify as follows:

I am a gazetted medical officer / or a medical practitioner qualified, registered and in the actual practice of medical profession.

1. Dated_____ at Therapy Works Addiction and Psychiatrist facility. personally examined the said [patient] _____s/d/w of _____and came to the conclusion that the said patient is Alcoholic / Drug Addict / mentally ill person and a proper person to be taken charge of and admitted under care and treatment.
2. I formed this conclusion on the following ground.

(a) Facts indicating Alcoholic / Drug Addict/ mental illness observed by myself were

_____

_____

_____

(b) Other facts (if any) indicating Addiction / Mental illness communicated to me by others.

Name _____ CNIC _____

Doctor Name : _____ Doctor's Signature and stamp

Date:_____ PM & DC No. _____

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Intervention Form

I (name and address of medical practitioner) _____

_____a

registered medical practitioner, recommend that(full name and address of patient) _____

_____be

admitted to a Psychiatric Facility / Nursing Home for assessment in accordance with Mental Health Act 2013.

I last examined this patient on [day & date] _____/_____ at (time)_____

I have / have not previous acquaintance with the patient before I conducted that examination. I am approved psychiatrist/medical practitioner/medical officer as defined in the Mental Health Act 2013.

I am of the opinion

(a) This patient is suffering from mental disorder of a nature or degree which warrants detention of the patient for assessment (or for assessment followed by medical treatment) in Psychiatric Facility for atleast a limited period.

AND

(b) this patient ought to be so detained

(1) in the interests of the patients own Health.
(2) in the interests of patient's own safety.
(3) with a view to protection of other persons,

(c) it is of urgent necessity for the patient to be admitted and detained under section 14 of the Act.

My reasons for these opinions are:

(a) _____

(b)_____

(c) _____

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Describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient ought to be admitted to Psychiatric Facility urgently.

_____

_____

Place: _____ (Sd)

Day: _____Date: _____ (Medical Officer/Practitioner)

Name: _____

PM & DC No. _____

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WHAT IS MEDICAL INTERVENTION

An intervention is when a loved one confronts someone with an addiction or a psychiatric/psychological disorder, urging them to get treatment. The family approaches our professional intervention team for mediating the procedure.

We follow the ARISE (Albany- Rochester Interventional Sequence for Engagement) Intercession which includes three principle stages.

1. Phase 1 and 2 (Systemic Mediation with the Family):

A family meeting is called with the concerned loved ones, friends or guardians who had reached out to us, where the client's history is discussed in detail by our expert Psychotherapists.

This helps in making a preliminary assessment of the mental status and/or details of the addiction history. A thorough history of client's behavior and distress level is taken to gauge the level of danger that they can be to themselves or others.

The family is guided through the process of intervention and counseled for the possible outcomes. A group of influencers within the friends and family are guided to how assertively approach the client and convince them to come in for the rehabilitation program before the formal intervention.

If the client seems to be in a reasonable state of mind then a counseling session is conducted with them by our trained professionals, providing complete details of the rehabilitation process and motivating them to proceed with treatment and stay with the program for a given period.

If the client is noncompliant or has a mental state that clouds their judgment then an intervention team including a trained Doctor, Head Nurse, two nursing attendants and a security staff is prepared. The intervention is planned carefully and organized, making sure that the settings are appropriate.

An intervention form that includes details of the procedure and consent for intervention is signed by the family/guardian.

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2. **Phase 3 (Formal Intervention):**

In this phase, the team arrives at the client's location. The client is yet again counseled and requested to cooperate and hand himself over to the experienced team. If cooperation is denied, then the team takes action with the permission of the family and proceeds with forced intervention. The client is handled with utmost empathy but firmly to avoid any unfortunate incidents that can happen during the process.

***This Intervention Proforma varies as per Mental Health Authority rules in each province.**

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Information for In-clients

We wish you a very warm welcome to the in-client services at Therapy Works. We endeavour to treat as a treasured guest for the duration for your stay.

With this in mind it is important to raise a number of important factors in making your time here as comfortable and productive as is possible. The following information is intended to make clear those response-abilities which we feel are ours to fulfill and those which are contractually yours. Remember, there are no dumb questions here so if you don't understand please ask for clarity!

We are all to achieve goals, staff and temporary visitors included. All of these goals may appear different on the outside; nevertheless, our collective aim is to reduce the unnecessary ignorance and suffering relating to addiction in all its many manifestations and to provide you with what you need in this respect. Below are some of the ways you can contribute. Not only in your interactions with other people, would we expect that. We ask you to understand that you are an important cog in the machine and knowing our structures is like being well oiled.

One of the most important things to remember is that we operate as, the best 'Functional Family' we are able to be, at any one time. You are a welcome addiction; however, knowing, who is who? And what is what? We believe, will make your stay, in our family safer.

Who is who?

From your first contact with us, you may have already met a number of people and more will no doubt follow. If you don't remember someone's name ASK! We know you have a lot on your mind and may well have a short term memory loss problem. We don't wear name tags because we want you to ask!

What is what?

All the families we know about work best when there are structures in place which help to distinguish between the individuals and their roles. Information about these individuals ought to be on a 'need to know' basis. So our number one request is while you're visiting:

'What you see here,
And, what you hear here,
Let it stay here,
When you leave here.'

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1. **Confidentiality** is the keystone to your and our success. It can make the difference of life and death in our field of work. Your complete participation in maintaining this is a requirement for accessing our services.

   In healthy families we learn the difference between harmful secrets, which create barriers, and *boundaries,* which maintain confidentiality and respect of others, *Boundaries* also help keep stability and they provide containment for warmth and safety.

   This maybe the first time you have considered the necessity of *boundaries* within any setting, however, they are essential. At Therapy Works, we pride ourselves on understanding their importance in living a healthy and happy life.

2. **Respect,** in all our actions, is our number two requirement to help you and for us to perform at optimum. What we mean by respect is asking everyone to remember that we are all unique and have qualities and shortcomings which may not be the same as others. We value the differences is everyone and try to remember that we all share the same planet, and that's only on loan! At Therapy Works we have a zero tolerance toward violence of any kind (theft is a violation) and will remove, immediately, anyone who is deemed to be behaving in such a manner. **We do not tolerate discrimination of any kind.** As human beings we are all equal.

3. **Empathy** is without a doubt the way we practice accepting you. We recommend that you apply the same approach to primarily yourself and then to others. If you don't understand empathy then one way is to imagine walking a mile in someone else's chapels.

For a comprehensive copy of our code of ethics please ask a member of staff