



Behandelingsentrum vir Substansafhanklikheid
Treatment Centre for Substance Dependence

REFERRER TO COMPLETE

The referrer is also encouraged to assist the patient in completion their own application form.

INSTRUCTIONS TO COMPLETE THE APPLICATION FORM

- The aims of the application form are:
 - (1) To establish and improve the patient's motivation for treatment.
 - (2) To obtain important information for treatment.

Please note that the completion of this form already confronts the patient with his/her addiction problem and consequently forms part of the treatment. Please attend to it carefully to benefit the patient.

FORM 1 (Completed by referrer)

IDENTIFYING PARTICULARS OF REFERRER: (PROFESSIONAL PERSON)

Name			
Occupation			
Organisation			
Telephone Number			Fax:
E-mail			
Signature			Date:
Town/City			Code:
Postal Address			Code:
Are you prepared to deliver after-care services to the patient?			YES NO

Please send form back to:

The Intake Coordinator
Ramot
54 Toner Street
7500

Telephone: 021 939-2033
Fax: 086 586 0592
E-mail: opnames@ramot.co.za



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PRE-ADMISSION FORM: PATIENT & NEXT OF KIN

Alcohol and Drug dependency can be treated successfully. At Ramot we offer a treatment programme which ensures specialised individual attention for optimal recovery.

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Please send form back to:

The Admissions Coordinator
Ramot
54 Toner Street
7500

Telephone: 021 939-2033
Fax: 086 586 0592
E-mail: opnames@ramot.co.za

IMPORTANT PROGRAMME INFORMATION FOR THE REFERRER AND PATIENT

- All the referrals to Ramot have to be made by a **registered professional** person, e.g. a social worker, physician, psychiatrist, minister of religion, health professional, Human Resources/EAP etc. (hereafter the "referrer") The referrer also renders after-care services to the patient or refers such services to a trained professional person. **The referrer may not be a family member or friend of the patient.**
- Admission days are weekly on **Tuesdays** and **Thursdays**
- Ramot evaluates patients prior to admission to ensure maximum benefit will be derived from the programme. In cases of e. g. moderate to severe dementia, severe senility, retardation, psychosis, psychopathy or severe illness clients will be referred to relevant institution.
- Ramot rehabilitation centre is testing all new admissions for Covid 19 for the safety of our clients.
- In case a patient will show symptoms of the Corona virus, or patient test positive with Covid 19 upon admission or within the treatment period, it will be necessary to stop the treatment, the patient will be requested to go into self-isolation at home and will be requested to return after seven days of isolating at home.
- It is important to notice that Ramot will be able to apply group isolation as far as possible. The implementation of individual isolation will, however, depend on the individual.
- Patients are assessed telephonically and provision of a completed application form, together with a health status report by a general practitioner/psychiatrist which includes specific questions on COVID19, is necessary for recommendation prior to admission at Ramot. Patients need to isolate themselves preferably when they need help prior to and after the visit to the doctor/psychiatrist when admission will be considered. Should the patient be pregnant, a full-on medical certificate from a Gynecologist should accompany the application form.
- Week one after admission exists of a detoxification period. It is thus important to take note that the patient will be restricted to his/her own room for the first 48 hours under the supervision of one nursing staff member for his/her own protection and the protection of others. Patients will receive their food and medication at their room doors. Patients can, after the negative results of the COVID 19 test becomes available, be placed together with other patients in the same room who were admitted, when the whole group will be transferred for the first week of the rehabilitation programme. These factors need to be taken into consideration during admission procedures.
- During week two when rehabilitation starts, further group isolation applies. Group isolation in the first two weeks of the program is essential whilst individual isolation is expected according to the regulations and protocol.
- **Afrikaans speaking** patients should be able to understand English as the audio-visual programme is presented in English.
- All private patients need to pay the full tariff prior to or on the day of admission
- Patients must please arrive according to appointment time scheduled for admission with the required items (e.g. pocket money, and medication).
- The **programme** may not be interrupted by court cases, business or other personal matters. It is in the patient's interest to focus fully on the programme. Please arrange that court cases or other matters be postponed until discharge.
- Please ensure that everything has been arranged at home/work to enable the patient to focus fully on the treatment programme.
- Ramot provides a healthy and balanced diet but does not cater for individual food preferences, accept in the case of diabetes or a diagnosed allergy. Patients are not allowed to abstain from eating because of religious reasons. The body needs nutrition especially during the period of withdrawal.
- Aftercare/continued treatment is essential for maintaining sobriety. Please treat aftercare as important as it does contribute significantly to the success of the treatment programme.
- Should the patient or the program be unsuitable, the patient will be referred accordingly.

IDENTIFYING PARTICULARS OF PATIENT

Identification Number: _____ Age: _____

Surname: _____ Date of birth: _____

Full Names: _____ Gender: _____

Home Language: _____

Address _____

Code: _____

Tel. House: _____ Work: _____ Cell: _____

Marital Status: _____ Occupation: _____

Church denomination: _____ Email: _____

Highest school qualification: _____

Tertiary qualifications: _____

Support base: Next of kin /Friend (preferably with whom the patient is staying) to be contacted in case of emergency or discharge):

Name: _____

Relationship: _____

Tel: (H) _____ (W) _____ Cell: _____

Alternative emergency telephone numbers: _____ Email: _____

Present monthly gross salary of:

Patient: R _____ Spouse: R _____

Father, Mother, Guardian and/or person responsible for account R _____

MEDICAL AID PARTICULARS: PLEASE ATTACH A COPY OF MEDICAL AID CARD

Name of Medical Aid: _____ Plan/Scheme: _____

Full name and surname of main member: _____

Medical Aid no: _____ ID number: _____

Please phone your medical aid to obtain an authorization number before admission. They require the following particulars:

- ◆ Ramot practice no: 0051233
- ◆ Physician - Dr Practice no: 0095672
- ◆ Occupational Therapist: 0536911
- ◆ Treatment codes (ICD 10): Detoxification F10.2/F19.3
Alcohol rehabilitation Z50.2
Drug rehabilitation Z50.3

Date joined at medical aid: -----

Authorization no: _____

Tel. no of medical aid: _____ Fax: _____

Postal address of medical aid: _____ Code: _____

PERSON /ORGANISATION RESPONSIBLE FOR ACCOUNT

Organisation/Company/Employer: _____
Full name and surname: _____ number: _____
Address: _____
Code: _____
Tel: (H) _____ (W) _____ (S) _____

Acceptance of terms: (Complete relevant clause)

1. I,, accept that, if the treatment program of the patient,, is terminated prematurely, for whatever reason, all monies will be forfeited.
2. In case of a medical fund I,, as main member of the fund, accept full responsibility for the outstanding amount if the treatment program of the patient,, is terminated prematurely, for whatever reason.

SIGNATURE **DATE** **WITNESS** **DATE**

METHOD OF PAYMENT TO RAMOT

Medical Aid: Cash: Cheque: Bank Deposit:

Present gross income per month? Patient: _____ Spouse: _____

Bank details:

ABSA PAROW: Branch code: 632005 NAME: RAMOT - ACCOUNT: 0390680015

Please fax deposit slip to: 086 586 0592 or 021 930 3123

Please attach a copy of your latest salary slip.

Occupational Therapy

The program includes 10 OT group sessions. Should your medical aid cover these, a claim will be submitted according to available funds.

Signature _____ Date _____

A. ADDICTION PROBLEM.

Please give the patient's own answers to the next 29 questions. **False information may lead to discharge.**

I ALCOHOL USE

- | | | |
|---|-----|----|
| 1. Do you feel you are a normal drinker? | Yes | No |
| 2. Do friends or relatives think you are a normal drinker? | Yes | No |
| 3. Have you ever attended a meeting of Alcoholics Anonymous or meetings likewise? | Yes | No |
| 4. Have you ever lost friends, girlfriends/boyfriends/spouses because of your drinking? | Yes | No |
| 5. Have you ever getting into trouble at work because of your drinking? | Yes | No |
| 6. Have you ever neglected your obligations, your family or your work for more than two days in a row because of your drinking? | Yes | No |
| 7. Have you ever had delirium tremens (DTs), severe shaking, after heavy drinking | Yes | No |
| 8. Have you ever got anyone for help about your drinking? | Yes | No |
| 9. Have you ever been in hospital because of your drinking? | Yes | No |
| 10. Have you ever been arrested for drunk driving or driving after drinking? | Yes | No |

II DRUG ABUSE (Kindly reflect the substance/s)

PREFERRED DRUG/S:

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Do you abuse more than one drug at a time? | Yes | No |
| 3. Are you unable to stop abusing drugs when you want to? | Yes | No |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | Yes | No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. Does your spouse (or parents) complain about your involvement with drugs? | Yes | No |
| 7. Have you neglect your family because of your use of drugs? | Yes | No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. Have you had medical problems as a result of your drug use (e.g. memory-loss, hepatitis, convulsions, bleeding)? | Yes | No |

III. GAMBLING

- | | | |
|--|-----|----|
| 1. Do you miss work to go gambling? | Yes | No |
| 2. Is gambling making your home life unhappy? | Yes | No |
| 3. Is gambling giving you a bad reputation? | Yes | No |
| 4. Have you ever felt remorse after gambling? | Yes | No |
| 5. Do you ever gamble to get money to pay debts or solve financial difficulties? | Yes | No |
| 6. Does gambling reduce your ambition or efficiency? | Yes | No |
| 7. After losing, do you feel you must return as soon as possible to win back your losses? | Yes | No |
| 8. After a win, do you have a strong urge to return and win more? | Yes | No |
| 9. Do you often gamble until your last Rand has gone? | Yes | No |
| 10. Do you ever borrow money to finance your gambling? | Yes | No |
| 11. Have you ever sold anything to finance your gambling? | Yes | No |
| 12. Are you reluctant to use "gambling money" for other expenses? | Yes | No |
| 13. Does gambling make you neglect yourself or your family? | Yes | No |
| 14. Do you ever gamble longer than planned? | Yes | No |
| 15. Do you ever gamble to escape worry or trouble? | Yes | No |
| 16. Have you ever committed or considered committing an illegal act to finance gambling? | Yes | No |
| 17. Does gambling cause you to have difficulty in sleeping? | Yes | No |
| 18. Do arguments, disappointments or frustrations make you want to gamble | Yes | No |
| 19. Do you ever have the desire to celebrate any good fortune by gambling for a few hours? | Yes | No |
| 20. Have you ever considered harming yourself as a result of your gambling | Yes | No |

PATIENT TO COMPLETE

I the undersigned, _____ agree that I have read this contract and that I willingly agree to abide by the contents thereof:

1. CONSENT

- 1.1 I agree to be admitted as a patient at Ramot Centre.
- 1.2 I agree to undergo the necessary examinations, treatment and searches (including body search) as prescribed.
- 1.3 I have read Addendum 1 in which my medical treatment has been described, I know the contents of Addendum 1 and agree to the possible risks of medical treatment.
- 1.4 I understand that Addendum 1 is, for practical reasons, not all-inclusive. I furthermore give my consent to any other disadvantages or risks that are an intrinsic part of the treatment process, and that may occur through negligence or not, and regardless of the person(s) responsible; whether it is the employees, officers or personnel of Ramot.
- 1.5 In case of an early and self discharge I give Ramot permission to contact my next of kin as set out under "Identification Particulars of Patient" (p 4).
- 1.6 I accept that, if for any reason I will be discharged earlier from my program, all treatment fees will be forfeited for the remainder of the period.

2. DECLARATION

- I hereby accept the following conditions:
- 2.1 I accept that my treatment period can be terminated if I withhold information regarding my addiction or if my behaviour disrupts my own treatment programme or the therapeutic atmosphere at Ramot.
 - 2.2 I accept and understand that should my treatment period be terminated by Ramot for the reasons set out in 2.1 or should I discharge myself prior to the end of the agreed treatment period, my medical aid will only pay for the days on which I was admitted and treated at Ramot and that the balance of the treatment period days will be for my own account.

3. UNDERTAKING

- 3.1 I undertake not to bring any action against Ramot or any of its employees, officers or staff members should I suffer any harm or disadvantage due to my treatment and/or stay, whether through negligence or not.
- 3.2 I undertake to complete the full treatment programme and not to discharge myself prematurely for whatever reason.
- 3.3 I undertake to give my full co-operation to my treatment at Ramot.
- 3.4 I undertake to settle any amount owed by me to Ramot in respect of the provision set out in 2.2 within 30 (thirty) days after my discharge from Ramot.

SIGNATURE (Patient)
(Parent signature (in case of minors))

WITNESS

ADDENDUM 1

THE MEDICAL TREATMENT AT RAMOT CONSISTS MAINLY OF THE FOLLOWING:

- 1. Sedation in order to ease the withdrawal stage for the patient.
- 2. Oral vitamin supplements.
- 3. In the case of previous alcoholic fits or delirium tremens, preventative medication will be administered.
- 4. Blood tests and X-ray examination to diagnose contagious diseases.
- 5. Patient may be referred to a hospital should he/she suffers from any condition which requires further medical tests, specialised treatment or emergency medical treatment.

MEDICATION

- Chronic medicine should be adequate for the duration of the treatment programme.
- All medications must be handed over to the nursing staff
- When necessary an original prescription for chronic medicine should be provided.
- Medication prescribed/provided by Ramot, beside detoxification medicine during the treatment programme, will:
 - If the patient belongs to a medical aid, be paid from hospital- or day to day benefit.
 - or cash payment.

I, confirm hereby that expenses incurred by Ramot will be recovered by the following income source:

Circle the appropriate number:

1. Claim from Medical Aid
2. Cash payment prior to discharge

SIGNATURE

Tel. no:

Cell. no:

WITNESS

DATE:

DENTAL CARE

- During the treatment program, withdrawal from substance use could lead to tooth ache that will interfere with the program. **Patients are requested to sort out any dental problems prior to admission to prevent a break in the treatment program.**
- **Visits to the dentist will not be allowed whilst in Ramot.**

NEXT OF KIN TO COMPLETE

1. Name of spouse/next-of-kin _____
(Reflect Mother Father, spouse, other family member)
2. Date of birth: _____
3. Address: _____
4. E-mail address: _____
5. Contact Numbers _____
6. Do you need more information on addiction? _____
7. Are you in favour of treatment for the patient at Ramot? _____
8. Are you prepared to continue your relationship after treatment? _____
9. Are you prepared to support the patient in a sober life? _____
10. Virtual support through social media and /or telephone conversations can be arranged with next of kin during and after the treatment period.

Signature of patient's spouse/next of kin: _____

CODE OF CONDUCT

The treatment program at Ramot is supported by the following rules which will enable our patients to obtain maximum benefit from the program. It is important to take note of these rules prior to admittance so that you can decide whether you are prepared to adhere to the required code of conduct. You are expected to sign this code as proof that you are willing to obey these rules.

Ramot reserves the right to adjust the rules with immediate effect should it be necessary, to ensure each patient's successful completion of the programme.

Substances:

- The use, possession or provision of any psycho-active substance (alcohol, illegal drugs and medication) to any other person is completely forbidden. This includes any talk, intention, planning or jokes about the attainment thereof.

Cell phones:

- **Cell phones are handed in - calls will be allowed under supervision of the staff after the detoxification week.**

Clothing and hair styles:

- No revealing clothing, e.g. bare midriff, small tops, visible under wear etc.
- No clothing with logos of alcohol products, cannabis leaves or other drugs, or cult related symbols.
- No clothing with political or racist slogans.
- Should a person want/need to wear a head cover against cold inside the building, it may not cover the face or eyes. Therefore "hoodies" or caps are not allowed (also not outside)
- Drug, gang or cult (e.g. satanic) related tattoos, or tattoos suggestive thereof, have to be covered with clothing at all times.

Jewellery:

- No sunglasses or "rave"-glasses are allowed, on the face or the head, inside the building. Glasses are not worn behind the head.
- No jewellery or watches with substance, alcohol or cult related symbols.

Men:

- No earrings/"studs" anywhere on the body

Ladies:

- No earrings/"studs" anywhere other than the earlobes. "Studs" in the nose, eyebrows, lips, tongue, chin, cheeks, navel etc is thus not acceptable. More than one earring per ear is not acceptable.

Conversation:

- Swearing, sex talk and sex related jokes are unacceptable.
- Gang related conversation and -threats and pretend threats are forbidden.
- Drug or alcohol related talk which aims to impress or influence others to obtain and/ or use substances, or jokes in this regard are forbidden. This pertains to threats intended as jokes as well.

Conduct:

The following is expressly forbidden:

- Romantic relationships between co-patients or staff.
- Sexual relationships, prostitution or Satanism.
- Aggressive (physical or verbal) behaviour.
- The intentional injury or abuse of animals.
- Any criminal behaviour, e.g. theft, smuggling, fighting, etc.
- Vandalism/intentional property damage.
- Graffiti.
- Borrowing and lending of money among patients.

Gambling:

- Gambling and lottery, e.g. "Lotto" are not allowed.

Religion and Cults:

- No gang membership, gang related talk or threats. This pertains to pretend threats as well.
- The practice of any cult or supernatural ritual, with the exception of prayer and meditation as part of the practice of recognised religions, is not allowed.
- Any object related to substance use, or cult or supernatural rituals, is not allowed.

Prohibited Items:

- Parcels, take-away-foods, courier deliveries.
- Fire arms, ammunition, bullet caps or any item related to fire arms.
- Cameras, cell phones, hi-fi systems, i-pods.
- Computers and Laptops (Notebooks).
- Pornographic material of any description.
- Knives and other sharp objects that can be used as weapons (e.g. nail clipper with blade).
- Tools e.g. screw drivers.
- Equipment for rolling cigarettes.
- MP3 player, I-Pod, I-pod Nanno (small radio with earphones) own TV and DVD player.

Smoking rules:

- No self-made/ self-rolled cigarettes.
- **Patients may only smoke their own cigarettes. No sharing or asking/ giving/ borrowing of cigarettes is allowed.**
- You may only smoke in the designated areas.

Patient

Witness

Date

INFORMATION FOR THE PATIENT

VISITING HOURS

- No visitors are allowed.
- Medication and essential items can be dropped at reception or by the nursing Staff.
- No refreshments are allowed to be brought in.

DIRECTION TO RAMOT

1. From Voortrekker Road: Turn into George Starck Drive at the Oostersee flats in Parow; follow this street until you reach the stop sign at the Friesland Street intersection (Oostersee Church in front of you) where you turn left, turn right into Toner Street. This is a cul-de-sac with the entrance to Ramot on your right, at the end of Toner Street.
2. From the N1: Take the turn-off to the Karl Bremer Hospital (also airport turn-off) which is Mike Pienaar Boulevard. Turn right into Frans Conradie Drive and left into the next street, which is George Starck Drive (at the church). Turn right at the stop sign (Friesland Street) and right again into (Toner Street). The entrance to Ramot is on the right at the end of Toner Street.
3. Patients arriving by train or plane will be collected at the Bellville Station or Cape Town International Airport. Please fax or phone your time of arrival to Ramot and phone us when you are at the airport or the station. (Telephone: 021 939 2033 / Fax:086 586 0592)

We trust that you use the opportunity, offered by Ramot, for a full recovery



'n Nuwe lewe. 'n Nuwe begin.
A new life. A new beginning.

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WHAT PATIENTS SHOULD BRING WITH

- October - April: casual-, neat summer wear and a sweater (e.g. Men: short sleeved shirts. Ladies: summer dresses and slacks.) Only 1 suitcase and 1 hand luggage allowed.
- May - September: casual-, neat winter clothes.
- Underwear, pyjamas, gown, slippers, handkerchiefs, socks, brush, toothbrush, soap, shaving gear, 2 x towels, cloth, deodorant, hangers, etc. Glasses to read with if applicable.
- Comfortable takkies/sport shoes/ walking shoes for outings and sport gear for exercise and gym.
- A limited amount of snacks (e.g. cookies, sweets, cool drinks, fruit) is allowed during admission only. No perishable foodstuffs are allowed or can be brought in.
- Please try to ensure that you bring enough cigarettes as we are not allowing cigarettes to be brought in.
- Disposable lighter which will be handed over to the nursing staff. Mark each packet separately with a koki pen.
- Enough pocket money for the tuck shop is kept in the safe until after detoxification.
- **Cell phones are handed in - calls will be allowed under supervision of the staff after detoxification.**
- Bring own and enough chronic medicine to last for five weeks. All medication is handed over to the nursing staff during admission. Medication should be pre-packed in original package as prescribed by the chemist. Costs on extra chronic medication are for your own account.
- Parents/spouse/next of kin are welcome to contact the nursing staff during the detoxification period to establish how you are doing.
- Patients must bring in their own magazines/reading material.
- Patients are not allowed to bring duvets, blankets or pillows. Extra blankets are available on request. Hot water bottles are not allowed. Bring own mosquito spray.
- No dirty Laundry can be sent home. Ramot provides laundry facilities. Please bring own pegs, washing powder and Sta-Soft.
- Own coffee mug.
- Leave valuables at home. Ramot takes no responsibility for lost goods. No cameras, computers, hi-fi 's, i-pods and MP3's are allowed. Small radios are allowed.
- Personal possessions left behind after discharge should be claimed within six weeks.
- Patients are required to bring their own masks or Ramot will supply 2 masks at the cost of R50.

Thank you very much for your co-operation.
Kind regards.

PATIENT

PARENT / SPOUSE



'n Nuwe lewe. 'n Nuwe begin.
A new life. A new beginning.

Behandelingsentrum vir Substansafhanklikheid
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TRANSGRESSIONS THAT MAY LEAD TO DISMISSAL FROM THE PROGRAM

- The use of alcohol, sedatives or drugs during treatment or weekend leave.
- Bringing these substances onto the premises and/or supplying substances to other patients.
- Leaving Ramot's premises without permission.
- Impairing another patient's treatment or disturbing the therapeutic environment (e.g. through any kind of Misconduct)
- **Theft or vandalism** towards Ramot's or other patient's property.
- (Physical/sexual) Relationships with the staff or fellow patients. (Physical contact is not allowed.)
- Verbal and/or physical aggression, threats and attacks (assaults) on co-patients or staff members
- Involvement in any situation/ incident that, according to the staff, impairs the execution of Ramot's mission.

Patient

Witness

Date