

Project Turnabout Detox Referral Form

Fax to: 320-564-3122 | Online: projectturnabout.org/admissions

PATIENT INFORMATION

Referring Facility Information:

Referring Provider Name:

Name & Title

Phone Number for Callback:

Fax Number:

Date/Time of Referral:

Patient Name:

First / Last

Address:

Phone:

DOB:

Emergency Contact:

Relationship:

Emergency Contact Phone:

Insurance Provider:

Policy #

Authorization #



CALL **800.862.1453**

Granite Falls, MN
projectturnabout.org
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CLINICAL INFORMATION

Presenting Concern: _____

Last use (what/when) _____

Observed withdrawal
symptoms: _____

Allergies _____

Temperature: _____

BP: _____ / _____

HR _____ BPM

RR _____ /min

O₂ sat _____

Current Suicidal Ideation: ☐ YES ☐ NO ☐ UNKNOWN ☐ N/A

Homicidal Ideation: ☐ YES ☐ NO

Active Psychosis/Severe Agitation: ☐ YES ☐ NO

Explain if yes to any of
the above: _____

Pregnancy: ☐ YES ☐ NO ☐ UNKNOWN ☐ N/A

If pregnant, gestational age: _____

OB Clearance Attached: ☐ YES ☐ NO



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LEGAL / REFERRAL STATUS

- ☐ Voluntary ☐ Court-Ordered ☐ Probation/Parole ☐ Law Enforcement Hold
☐ 72-Hour Hold ☐ Other _____

REQUIRED DOCUMENTATION

- ☐ Recent Labs (BAL, UDS, pregnancy if applicable)
☐ Medication List / Current Concerns
☐ Mental Health Clearance (if indicated)
☐ Discharge Summary / Transfer Orders
☐ ROI / 42 CFR Part 2 Consent (if available)

Transportation

- ☐ Hospital ☐ Family/Friend ☐ Law Enforcement ☐ Project Turnabout
☐ Other _____

Consents & Attestations

- ☐ I attest the patient meets admission eligibility (no IV meds/continuous monitoring; able to complete ADLs; medically stable; not actively psychotic/violent/heavily sedated; if pregnant, OB documentation attached).

Provider Signature _____

Date _____



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Complete Online



admission@projectturnabout.org

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WHAT TO BRING TO TREATMENT

CLOTHING

- | | |
|--|---|
| <input type="checkbox"/> 5-7 casual pants | <input type="checkbox"/> Shoes (casual + tennis; slippers optional) |
| <input type="checkbox"/> 5-7 casual tops | <input type="checkbox"/> T-shirts/sweatpants encouraged |
| <input type="checkbox"/> 1 sweatshirt/long sleeve/light jacket | <input type="checkbox"/> No spandex (leggings only if covered mid-thigh) |
| <input type="checkbox"/> 7-9 undergarments | <input type="checkbox"/> Shorts/skirts (max 2 inches above knee) |
| <input type="checkbox"/> Comfortable fitness clothes | <input type="checkbox"/> Must cover shoulders, belly, chest |
| <input type="checkbox"/> Appropriate sleepwear | <input type="checkbox"/> No logos/slogans promoting alcohol, drugs, or gambling |

PERSONAL CARE

- ☐ Shampoo/Conditioner
- ☐ Soap/Body wash
- ☐ Toothbrush + Toothpaste
- ☐ Deodorant
- ☐ Razor + Shaving cream
- ☐ Hair products/tools (auto shut-off only)
- ☐ Feminine hygiene products

HEALTHCARE

- ☐ Current health insurance card (copy)
- ☐ OTC meds (in unopened packaging)
- ☐ Money for prescription co-pays
- ☐ Diabetic/COPD supplies (if prescribed)
- ☐ 30-day supply of meds in original bottle with:
Doctor name | Pharmacy name | Medication type + dosing | Fill date + refills

MISCELLANEOUS

- | | |
|--|--|
| <input type="checkbox"/> Small amount of money | <input type="checkbox"/> Personal tobacco |
| <input type="checkbox"/> Quarters for soda machine | (no vapes/e-cigarettes – destroyed on arrival) |

ITEMS NOT ALLOWED

- | | |
|---|--|
| <input type="checkbox"/> Electronics (phones, laptops, tablets, cameras, iPods) | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Mouthwash with alcohol | <input type="checkbox"/> Towels/washcloths (we provide) |
| <input type="checkbox"/> Reading materials (books, magazines, etc.) | <input type="checkbox"/> Picture frames with glass |
| <input type="checkbox"/> Hobby items (knitting, puzzles, crafts) | <input type="checkbox"/> Vapes/e-cigarettes |
| <input type="checkbox"/> Food/snacks/beverages/candy | <input type="checkbox"/> Protein/workout supplements |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Open OTC meds (will be discarded) |
| <input type="checkbox"/> Pillows, blankets, stuffed animals | <input type="checkbox"/> Hats, hoodies, bandanas, head coverings indoors (winter stocking hats allowed outside only) |