



# The Carter House

A Family Treatment Centre

## MEDICAL FORM

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*\*To be completed by a licenced physician or nurse practitioner*

*\* The form must be completed for all individuals attending the treatment centre, including children*

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Name: \_\_\_\_\_ HSN: \_\_\_\_\_

DOB: \_\_\_\_\_

	yes	no	Details
Allergies			
Diabetes			
Cancer			
Depression/Mental Illness			
COPD			
Epilepsy or Seizures			
Heart disease			
Hypertension			
HIV/Hep C			
Tuberculosis Hx			
Pregnancy			LMP Date: Live births:
Other			

Is this client able to attend an intensive in-patient addiction treatment program involving individual counselling, group session? This would include them not having a communicable illness such as TB, Covid etc. (circle answer) Yes. No

If No, please explain:

Is this client able to perform group recreation sessions including yoga, walking (up to 1 kilometer). (circle answer) Yes No

Current medications:

Are there any current concerns medical or psychiatric that would preclude this client from attending an in-patient addiction treatment program? Yes. No

If yes, please explain:

If this is a child – the above questions need to be answered in addition to these below:

Are their immunizations up to date including chicken pox? (circle answer) Yes No

If no, please explain:

**\*\*\*\*THE APPLICATION WILL BE REJECTED IF ALL QUESTIONS ARE NOT ANSWERED AND IF NOT ACCOMPANIED BY A CURRENT MEDICAL PROFILE AND CURRENT LIST OF MEDICATIONS**

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

