



Memorandum

Alcohol / Substance Abuse Medical Evaluation Form

Patient Name : _____ SS # : _____ Date of Birth : _____
Address : _____

Substance Abuse History :

Date of last alcohol use? _____
Other drug of abuse and date of last use? _____
Other pertinent information about drug use? _____

Medical History :

Any medical problems or surgeries? _____

Please circle yes or no. Any history of :

diabetes	Y N	heart problem	Y N
kidney problem	Y N	liver problem	Y N
tuberculosis	Y N	seizures	Y N
hypertension	Y N		

Physical examination : BP _____ pulse _____ respiratory rate _____ temp _____ pain _____
PPD : date placed _____ date read _____ results _____
Chest X-ray if indicated _____

Other physical findings (please include general appearance, neck, heart, lungs, abdomen, extremities, ENT and basic neurological exam)

Laboratory data : The health care provider is encouraged to screen all patients for syphilis, HIV, hepatitis B and C, and arrange for appropriate therapy. It is also advised to check a comprehensive metabolic profile, CBC and urinalysis.

Evaluating appropriateness for inpatient rehabilitation :

Is the patient : At risk for suicide? _____ Y N

Free of communicable diseases and fit for rehabilitation? _____ Y N

Physically fit for exercise or sweat lodge? _____ Y N

Please note any restrictions _____

Able to take non-prescription medications while in treatment? (circle appropriate meds) :
acetaminophen, milk of magnesia, ibuprofen, diphenhydramine

Physically fit to take Antabuse? _____ Y N

Other comments : _____

Provider : Please see that the patient has this form in his/her possession when s/he leaves the hospital.

Physician or Physician Assistant Signature : _____

Date : _____