

SURFSIDE RECOVERY HOUSE

2368 Rosstown Road, Nanaimo, B.C. V9T 3R7
(250) 758-5611 - 24 hours daily / fax (250) 758-2253

PRE-ADMISSION MEDICAL EVALUATION

Client _____ Medical No. _____

Referred by: _____ Date _____

CLIENT RELEASE

I hereby permit my medical practitioner to release medical information to the Administration staff of Surfside Recovery House.

Date _____ Client's signature _____

TO THE MEDICAL PRACTITIONER:

The above applicant wishes to register in our 42 day Recovery Program for his drug/alcohol addiction. Also, if the client is on any perscriptions at this time, and he will need to continue this medication while in residence, please ensure that perscription has either **repeats available or that there is enough of his dosage for a minimum of thirty days.**

INSTRUCTIONS: Please ensure that the following criteria will be met **PRIOR** to admission date:

- Y N T.B. testing and reading will be done, as it is mandatory by our Community Care License
- Y N Client is physically healthy and has no open wounds
- Y N If client has been prescribed psycho-active agents (anti-depressants, sleeping pills, etc.), and these medications are to be maintained, please contact the office for confirmation of acceptance
- Y N Client is **NOT** on methadone or any other prescribed 'maintenance' medication
- Y N Client is mentally able to comprehend and participate in an '**intensive classroom-style**' program
- Y N Client has had a medical examination within the last thirty days

If you would like to receive a copy of the discharge treatment report, indicate below and *print or stamp* your mailing address in the space below.

I would like to receive a discharge report Y _____ N _____

COMMENTS: History and/or current problems. (If there are any significant health problems, please elaborate on other side). Surfside Recovery House is a **non-medical** facility.

Signature of medical practitioner _____ / _____
print sign

Address _____
street/box city postal code

Telephone _____