



Medical Screen Form

Physician: PLEASE RETURN THIS FORM TO YOUTH / FAMILY
Youth/Family: PLEASE ensure this form is received by Program Staff prior to admission to detox

Date: Youth Name: Phone: DOB:
PHN: Legal Guardian: Phone:
Address: Postal Code: Primary Care Physician:

Please highlight any medical concern that should be considered as the youth will be withdrawing from substances and staying at a non-medical withdrawal management/supportive recovery care home setting.

Confirm the substance(s) the client will be detoxing from:

Substance: Last Use: Length/Method of Use:

Height: Weight: Blood Pressure: Temperature: Heart Rate: bmp

Any Known Allergies:

1) Do you believe the youth can safely withdrawal in a non-medical detox/supportive recovery care home? Yes No

If not, please explain why?

2) Are you prescribing any withdrawal management medication? Yes No

If yes, please provide details:

3) Are you prescribing the use of any over the counter medication? Specifically, which medications? Yes No

4) Are there any OTC medications that cannot be administered to youth according to label recommendations and do you have any specific recommendations for use?

5) Does the youth have any presenting MEDICAL concerns that would intensify any health and/or safety issues while in a family care home/nonmedical detox or supportive recovery carehome ( such as: history if seizures, history of serious withdrawal symptoms, asthma, respiratory problems, diabetes, etc.)?

6) Does the youth have any presenting MENTAL HEALTH concerns that would intensify any health and/or safety issues while in a family care home/non-medical detox or supportive recovery carehome (such as: suicide ideation, previous suicide attempts, severe depression, eating disorders, etc.)?

7) Is the youth taking medication for any of the above conditions mentioned in #5 or #6? Yes No

What medications are being prescribed and for which specific condition:

8) Is the female youth pregnant or has she missed more than 1 period in the past 6 months? Yes No

9) If the youth is pregnant, can the client withdrawal safely in a non-medical detox or participate in a supportive recovery carehome? Yes No

Physician: Signature: Phone: Address:

