



Medical Questionnaire

This form may be completed by MD, NP, RN, RPN, LPN

Note: When completing this questionnaire please keep in mind that Pine Lodge is an addictions inpatient treatment center and does not have nursing staff on duty at any time.

Client Name:

DOB:

HSN:

Family Physician Name:

Contact Information:

- 1) Does the client have any physical disabilities that interfere with their activities of daily living which may require additional supports while in treatment i.e., mobility, visual, hearing?

- 2) Does the client have any cognitive disabilities that interfere with their activities of daily living, and/or their ability to participate in psycho-social educational sessions which may require additional support while in treatment?

- 3) Does the client have any chronic illness or communicable disease which requires monitoring while in treatment?

- 4) Has this client tested positive for HIV or Hepatitis C? If so, are they receiving treatment, and from whom?



- 5) Does the client have any mental health concerns other than a substance use disorder? If so, is the client currently stabilized? Any history of suicidal ideation or attempts?

- 6) Is the client currently stabilized both physically and mentally to a point where they can engage in addictions treatment for a 28-day period without assistance?

- 7) Does the client have any environmental or food allergies? Special Dietary requirements?

- 8) Current Medications and Dosage. Please list

Completed by (Print):
Contact Information: