

Triple R

RECOVERY CENTER

rehabilitate • rewire • recover

Medical Release

Patient Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Evaluation

History:

(May be helpful to obtain history from family or significant other as well as the patient.)

Rapid weight changes:	
Acute food refusal:	
Uncontrollable Binging and/or Purging:	
Compensatory methods: - laxatives, diuretics, vomiting, exercise, ipecac, diet pills or other stimulants, excess thyroid supplements.	
Growth and development:	
Home environment/Living Situation:	

Physical Examination

Comprehensive with particular attention to:

Assess for bradycardia	
Hypertension:	
Tachypnea:	

Orthostasis:	
Hypothermia:	
Common presenting signs and symptoms:	

Psychiatric Screening
Screen for suicidal ideation and self-harm risk (up to 1/3 of deaths are due to suicide.)

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Laboratory Studies:

Complete blood count – anemia:	
Comprehensive metabolic panel: (electrolytes abnormalities, renal failure)	
+/- thyroid function tests:	
Pregnancy test if woman of childbearing years:	
Serum pH and urine ketones if DKA suspected:	

Other Diagnostic Testing

Electrocardiogram – Common abnormalities include, sinus bradycardia (above), prolonged QT and non-specific ECG changes.	
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Other testing as indicated by symptoms – Chest x-ray,
abdominal imaging, etc...

Medical Provider Disclaimer and Signature

Medical Provider: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

I see no reason why _____ would not be a good candidate for
Triple R Recovery Center's outpatient program.

Signature: _____

Date: _____