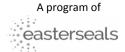


Physician's Waiver for Residential Treatment at Easterseals NH's Farnum Center - Substance Abuse Services

Last Name		First Name				
Street Address		City, State, Zip				
Date of Birth		Attending Physician				
Diagnosis						
Height	Temperature	Respiration				
Weight	Pulse	Blood Pressure				
	Puise					
Allergies		Special Dietary Needs				
Medical History						
Psychosocial History						
Client is able to perform physical activities without restrictionYesNo Limited						
General Appearance Nutrition Pallor						
Head Eye Ear Nose Throat						
	Yes	No				
Lloout M	res	No				
Heart Murmur						
Heart Enlargement						
Abdomen Distension						
Enlarged Spleen						
Enlarged Liver						
Lungs: Normal						
Respirations		. 5.11				
Lung Rates		Lung Dullness				
Other Findings						
Balance						
Coordination Motor Strength						
	Neck					
Adenopathy	Axilla					
	Groin					
Extremities Bones Joints						
	DTR's, Babinski, Romberg					
Neurological	Cranial Nerves					
	Gait					
Urinalysis Positive For:						
As part of the abusical places perform the following diagnostic test/s):						
As part of the physical, please perform the following diagnostic test(s): EKGElectrolytesCBC and DifferentialBlood SugarLiver Function						
ENGElectro	coc and Differential	bioou sugal	LIVEL FULLUUII			
Please forward the written results of the above tests to	Farnum Center	Farnum Center North Webster Place	Farnum Center North Ray House			
above tests to						



Please include the client's medical records and a full list of current prescriptions. Clients are only permitted to take listed medications accompanied by written medical orders.

Medication Rx Checklist

Medication Name	Medication Purpose	Dosage	Date Filled	# Refills Remaining	

Clients may also take the following "non-prescribed medications" as needed, according to the package's directions, while in residential treatment at Farnum Center/Webster Place/Ray House. Physicians should **CROSS OUT** the medication that the client **MAY NOT** take.

Aspirin, non-aspirin, ibuprofen/Advil, liquid antacid, cough drops, multivitamins, Cortaid/hydrocortisone cream, antifungal cream (athlete's foot), Sudafed (pseudoephedrine), cold or allergy medication, medicated foot powder, Tums/Rolaids, hydrogen peroxide (topical anti-infective), Neosporin or comparable antibiotic cream, Antiseptic wipes, Milk of Magnesia, Colace, Anbesol/Orajel

Please note: Pre-approval by a resident's Primary Care Physician provides our program with a qualified opinion that the client is capable of physical and mental participation in all aspects of our Residential Treatment program. Easterseals NH's Farnum Center does not provided medical treatment or detoxification and should not be viewed as a substitute for those services.

I certify that I have examined	(patient name) on
(date) and find him/her to not need present during this examination that require hospitalization.	ed nursing care. There are no overt withdrawal symptoms S/he is mentally competent, not suicidal and is oriented
to person, place and time. The patient is ambulatory and ca	
I certify that the enclosed information is accurate.	
Physician's Signature	Date