

Carolina House Medical Checklist



The following tests are required prior to the patient's admission; please forward copies:

- Mandatory Labwork
 - ✓ CBC with differential
 - ✓ Comprehensive Metabolic Panel (CMP)
 - ✓ Phosphorus
 - ✓ Magnesium
 - ✓ Potassium
- EKG Tracing (requested but not required)
- HEP A, B, C screeners – (requested but not required prior to admission)
 - For PHP and IOP will need to get completed at doctor within 2 weeks of admission
- PPD or QuantiFERON-TB Gold
 - (For One-Step readings, please include: lot number, induration, date given/read)

Please Note:

- Documentation of specific IGE allergen testing is required for food allergies if exclusion is recommended.
- All labs must be drawn and results received 14 days prior to admission to Carolina House
- Any missing labs may delay the admission process.

Carolina House Fax: 877-275-7813



Carolina House
Confidential Medical History Form:

****To be completed by: Primary Care Physician****

Please complete and fax directly to Carolina House:

176 Lassiter Homestead Road

Durham, NC 27713

Fax: 877-275-7813

MEDICAL HISTORY

Name:

DOB:

Date:

Past Medical Problems:

Current Medical Problems:

History of Prior or Current Psychiatric Illness:

Are you aware of any past or current suicidal ideation or violent/aggressive behavior?

Current Medications:

Hospitalizations/Surgeries:

Athletic or other injuries:

Last Menstrual Period:

Allergies: (drug and food) **Documentation of IGE testing is required for food allergies if exclusion is recommended:**

History of Communicable Diseases: Yes / No please circle; if yes provide details

PHYSICAL EXAM

Height: _____ft_____in Weight_____lbs. BMI_____

Lying and Standing

Blood pressure: **(orthostatic)** / /

Pulse: **(orthostatic)** _____ _____

- Do vitals indicate additional follow-up prior to admission? Yes / No Details:

RR: _____

Temp: _____

HEENT:

Dental:

Thyroid:

Chest/Lungs:

Breasts:

Heart:

Abdomen:

Pelvic/Rectal:

Skin/Hair/Nails:

Musculoskeletal:

Neurological:

Extremities/Edema:

ASSESSMENT

Psychiatric Dx:

- 1.
- 2.
- 3.
- 4.

Medical Dx:

- 1.
- 2.
- 3.
- 4.

Additional Comments:

REQUIREMENTS FOR ADMISSION

Is the patient ambulatory? Yes / No Details:

Can the patient manage her/his own medications? Yes / No Details:

Are there any limitations on physical activities? Yes / No Details:

Is the patient free from communicable diseases? Yes / No Details:

If no, can the patient still be admitted with necessary precautions to the residential program? Yes / No Details:

Are there additional assessments needed? Yes / No Details:

Are there any medical/psychiatric/medication instructions? Yes / No Details:

Please include if relevant to client's health status:

- GI workup (radiology/ GI workup (radiology/EGD/colonoscopy/ceeliac panel/H. pylori testing)
- Cardiac workup (ECHO/stress testing, tilt testing)
- Psychiatric testing if completed
- Neurologic work-up if completed
- Bone density (stress fracture, amenorrhea > 1 year)
- Gynecologic work-up if completed
- Submission of patient's growth chart is **strongly encouraged**.

I hereby certify that _____ is medically stable and meets all requirements for admission to a residential facility.

Physician Name: _____

Physician Signature: _____

Date: _____ Office Address: _____