



CLIENT NAME _____

8. Functional Inquiry
Specify

	Normal	Abnormal
Gastrointestinal	_____	_____
Genito-Urinary	_____	_____
Respiratory	_____	_____
Cardiac	_____	_____
Musculoskeletal	_____	_____
Hair/Skin/Nails	_____	_____
Blood/Lymphatic	_____	_____
Ear/Nose/Throat	_____	_____

9. Physical Examination:

	Normal	Abnormal
Appearance	_____	_____
Ear/Nose/Throat	_____	_____
Hair/Skin/Nails	_____	_____
Reticuloendothelial	_____	_____
Musculoskeletal	_____	_____
Cardiovascular	_____	_____
Respiratory	_____	_____
CNS	_____	_____
Abdomen	_____	_____
Thyroid	_____	_____
Genito-Urinary	_____	_____

10. Height: _____ Weight: _____

11. Please comment on any abnormalities in the functional inquiry or the physical examination _____



CLIENT NAME _____

12. Any problems prior to treatment that require follow-up? Please describe

13. Do you have any comments, suggestions or insights that might be helpful in terms of the client being physically(moderate physical exercise) and mentally able to participate in group and/or one on one counseling (i.e. Hearing problems) and living in residence for the duration of the program?

14. If any prescribed medications are required during treatment please list and describe briefly instructions for the client: _____

I have examined this client and find him to be fit/ not fit to attend treatment:

Fit _____ Not Fit _____

Physicians Name PRINT

Date

Physicians Signature

Office/ clinic Address: _____
