

Teen Challenge Of Lancaster, PA



Medical History/Physical Examination Form

10/29/2009 Lancaster Teen Challenge Induction Center
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**AUTHORIZATION TO RELEASE INFORMATION TO
LANCASTER TEEN CHALLENGE
FROM MEDICAL FACILITY**

I, _____, do hereby authorize
Your Name

Medical Facility

to release information from my medical records to Teen Challenge. The purpose for this release of information is to complete my entrance requirements with Teen Challenge, in accordance with the Pennsylvania Department of Health and to coordinate continuing health care.

I understand that I need not consent to the release of any information concerning me or treatment rendered to me. I choose to do so willingly and voluntarily for the purpose specified above. The duration of this authorization is no longer than one year, unless I specify a date, time, event or condition upon which it will expire sooner. I also understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on my consent.

Client's Signature _____ Date _____

Witness' Signature _____ Date _____

This consent will automatically expire in one year or upon the following date, time, event or condition:

Lancaster Teen Challenge Induction Center

Medical History and Physical Examination Form

Name: _____ Induction Center: _____

Birth date: _____ Social Security #: _____

1. The following lab work is **REQUIRED** for admission to the program and copies included at the time of entrance:

RPR – Reactive or Non-reactive (circle one) Date read: _____

Liver Function tests – Date read: _____

Hepatitis Screening, if indicated, based on history or abnormal liver function test results

Hepatitis A - Positive or Negative (Circle one)

Hepatitis B - Positive or Negative (Circle one)

Hepatitis C - Positive or Negative (Circle one)

2. TB testing is **MANDATORY** and results included should be no older than 6 months prior to admission to the Induction Center. Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test / PPD Date: _____ Size: _____

Chest X-Ray: _____

Tetanus Toxoid Date: _____

3. Immunizations should be up-to-date and include:

Measles _____ Mumps _____ Rubella _____
Date Performed Date Performed Date Performed

4. Significant Medical Conditions:

CONDITION	YES	NO	If YES, please explain.
Asthma			
Cardiac			
Chemical Dependency			
Drugs			
Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular Disorder			
Orthopedic Condition			
Respirator Illness			
Seizure Disorder			
Skin Disorder			

Vision Disorder			
Other (specify)			

***IMPORTANT: PHYSICIAN MUST COMPLETELY FILL-OUT BOTH PAGES OF THIS FORM EVERY SINGLE LINE!!**

5. Current / routine medications:

Medication	Dosage
1)	
2)	
3)	
4)	

6. Please list any allergies you have to any medications, foods, or other substances: _____

7. Report of Physical Examination

	Normal	Abnormal	If Abnormal, please explain...
Height (Inches)			
Weight (Pounds)			
Temperature			
Pulse			
Blood Pressure			
Hair/Scalp			
Skin			
Eyes—Visual Activity			
Eyes—Color Vision			
Hearing			
Nose and Throat			
Teeth and Gingival			
Lymph Glands			
Heart—Murmer, etc.			
Lungs—Adventurous Findings			
Abdomen			
Genitalia			
Neuromuscular System			
Extremities			
Spine (Presence of Scoliosis)			

8. Physician's observations and comments (be specific): _____

INTAKE MEDICATION POLICY

If you have been prescribed any medication or medications for any ongoing condition or conditions, you must bring **at least a 30 day supply** of these medications with you on the day of your intake, **or you WILL be terminated from treatment**.

Examples of the types of medications you should bring if you have been prescribed them:

- Asthma medications
- High Blood Pressure medicines
- Heart Medications
- Insulin or other diabetes medications
- Medications for acid reflux or other gastrointestinal maladies

I, _____ have read the above

(Print name)

information, and I understand that I will be terminated from treatment if I do not bring, the day of my intake, a 30 day supply of medication for any ongoing medical conditions that I have.

Student Signature _____ Date _____

Staff Signature _____ Date _____

PSYCHIATRIC CLEARANCE FORM

I, _____ understand that the Teen
(Print Name)

Challenge program **is not** a dual diagnosis facility, and I understand that persons who are taking psychiatric medications to treat any psychiatric condition are not eligible for drug and alcohol treatment at Teen Challenge. I affirm that I am not currently under psychiatric treatment of any kind, and I affirm that I have not been under psychiatric treatment for the past 12 months. I affirm that to my knowledge, I am in need of no form of psychiatric medication, and that I have not been prescribed any form of psychiatric medication within the past 12 months. I understand that I may be immediately terminated from the Teen Challenge program if any of the above affirmations are untrue.

Student Signature _____ Date _____

Staff Signature _____ Date _____

*****IMPORTANT:** *If student is on medication currently or has been within the last 12 months a psychiatric clearance letter must be completed and signed by psychiatrist. This must then be submitted to Intake along with all other required admissions paperwork prior to entrance.*

***LANCASTER INDUCTION CENTER
MEDICAL POLICY***

I. The following policy shall be adhered to by all students upon admission to the Lancaster Induction Center. This policy is in effect immediately and supercedes any previous policy or procedure. The student may be afforded more liberal medical visits in the training center pending the training center's medical care policy due to staff availability.

- A. All medical problems shall be addressed prior to admission to the Lancaster Induction Center. (LIC)
- B. The student shall have a 30 day supply of any and all medications with a minimum of four refills on the prescribed medication prior to admission to the LIC.
- C. In the case of a medical emergency, the student will be taken to the nearest emergency room immediately.
- D. The student will be allowed to have one post emergency visit and remain at the LIC. Any further medical attention will require a medical leave for a minimum of 30 days and/or until the medical condition is rectified and the student is cleared to return to the LIC, in writing from a medical doctor. The student's return also is subject to bed availability and approval by the LIC director. (the student will be required to contact his counselor every week and adhere to the requirements of the 30-day suspension policy)[Also the induction fee is non-refundable after 60 days.] The student will be responsible for the entrance fee in full upon return to the LIC (\$750.00) after the 60-day period.
- E. The student who is returning after medical leave must have a 30-day supply of medication and at least four refills on any and all medications.
- F. The student who needs blood tests, doctors visits, physical therapy, eye exams, glasses or contacts, or any and all medical attention other than an emergency and one follow-up to the medical emergency; will be given a medical leave.

II. The following dental visit policy shall be adhered to by all students upon admission to the Lancaster Induction Center. (LIC) This policy will be in effect immediately and supercedes any previous policy or procedure. The student may be afforded more dental liberties in the training center pending the training center policy regarding dental care due to staff availability.

- A. The student will take care of any and all dental problems prior to admission to the LIC.
- B. The student will be allowed one emergency dental visit while in the LIC, and one post-emergency visit. This post visit does not include oral surgery, orthodontist, etc. The dentist the center uses is the only service provided to the student. Any further dental work will result in medical leave for a minimum of 30 days or until the dental situation is resolved by the student. The student must phone his counselor each week and follow the 30-day suspension guidelines per his counselor's assignment. The LIC entrance fee is non-refundable after 60 days. The student must pay \$750 upon return to the LIC after the 60-day period.
- C. The dental visit does not include cleaning or maintenance, oral surgery, etc. The dental visit is the initial emergency visit and one post emergency visit.
- D. The student's return from dental/medical leave is subject to bed availability and approval by the LIC Executive Director.
- E. All dental requests will be in writing to the lead counselor only. The student will await a reply from the lead counselor within 24 hours or upon the lead counselor's return to work in the case of a weekend or holiday, etc.

Student Signature: _____

Date: _____

Staff Signature: _____

Date: _____