



To Medical Professionals:

Please complete the following form to confirm medical clearance for admission to Pathways To A Better Life, LLC, a residential alcohol and drug treatment facility. Please call 920-894-1374 with any questions. Results can be faxed to 920-894-1373.

Patient Name: _____ DOB: _____

Date of Visit: _____

Per Your Observation or a Statement from the patient, is the patient

(all required for admission):

Please INITIAL to indicate patient is Free from Communicable Diseases, including but not limited to:

_____ Hep A, B, or C _____ STD's _____ Skin Infections _____ MRSA

Free of all withdrawal symptoms requiring medical attention: **Yes or No** (please circle) **and explain:**

Ambulatory without assistance? **Yes or No** (please circle) **and explain:**

Any other medical concerns/ diagnosis that we should be aware of? **Yes or No** (please circle) **and explain:**

The following over-the-counter (OTC) medications will be available to this patient at Pathways To A Better Life.

- | | |
|---|--|
| - Acetaminophen 500mg, 1-2 tabs q 8hrs PRN discomfort | - Imodium |
| - Ibuprofen 600mg q 6hrs PRN discomfort | - Anti-fungal Cream |
| - Benadryl 25mg-50mg q 8hrs PRN allergies | - Cough Drops |
| - Melatonin 3mg-10mg tabs PRN sleep | - Triple Antibiotic Cream |
| - OTC Vitamins / Supplements / Probiotics | - Athlete's Foot Powder |
| - Acid Reducing Medications (PPIs) | - Stool Softener |
| | - Antacid / Tums |
| | - Cold/Flu Medication without Decongestant |

Any OTC medications listed above of concern for this patient? **Yes or No** (please circle)

If any OTC medications **SHOULD NOT** be given per package instructions, please indicate any restrictions, special instructions, or relevant information.

TB test is mandatory for admittance. (Pathways staff will read and document results.)

PPD

Date Placed: _____ Where Placed: _____ Signature: _____

Date Read: _____ Result: _____ Signature: _____

Medical Professional Signature (MD / NP Only)

Date

Print Name

Name of Clinic / Hospital