
HOME WITH A HEART

A FREE CHRISTIAN DRUG/ALCOHOL REHABILITATION CENTER FOR MEN

Medical examination for admission

Name of Resident _____ Age _____

Address _____

1. General Diagnosis _____
2. Any Contagious or Infectious Diseases? Yes/No
3. Any conditions or habits which would adversely affect the well being of others in the facility? Yes/No If yes, explain _____
4. Is this person able to self-administer medication? Yes/No
5. Does this person have the ability to engage in light, specially designed low level exercises and work around the facility? Yes/No
6. Is this person ambulatory (able to enter or exit the facility unassisted)? Yes/No
7. Does this person require daily care from a registered nurse? Yes/No
8. Can this person come into an inpatient treatment program for eight weeks and be cared for in such a facility as ours, with no Doctor or Nurse on staff? Yes/No
9. Comments _____

10. T.B. Skin test results _____

Physician Signature _____ Phone Number _____

Date _____



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