

**LITTLE HILL-ALINA LODGE**  
**P.O. Box G, Blairstown, NJ 07825**  
908-362-6114(P) 908-362-9211(F)

**MEDICAL CERTIFICATION-Page 1**

PATIENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF ADMISSION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB \_\_\_\_\_  
REFERRING AGENT: \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CERTIFYING PHYSICIAN: \_\_\_\_\_ PHONE \_\_\_\_\_

**A. ALCOHOL HISTORY:**

DATE OF LAST DRINK & TYPE: \_\_\_\_\_  
FREQUENCY OF USE: \_\_\_\_\_

**B. DRUG HISTORY:**

SUBSTANCE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_  
SUBSTANCE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_  
SUBSTANCE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_

**C. DETOX MEDICATIONS:**

DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_  
DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_  
DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ LAST USE: \_\_\_\_\_

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**D PSYCHIATRIC HISTORY:**

DIAGNOSIS: \_\_\_\_\_ DATE: \_\_\_\_\_ TREATMENT: \_\_\_\_\_  
LAST PSYCHOLOGICAL EVALUATION: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
IS PATIENT PSYCHOTIC?: \_\_\_\_\_ IS PATIENT SUICIDAL?: \_\_\_\_\_  
HISTORY OF SUICIDE ATTEMPT? Y/N DATES: \_\_\_\_\_  
TREATMENT(S)?: \_\_\_\_\_  
IS PATIENT SELF-MUTILATING?: Y/N ORIENTED TO TIME, PLACE AND PERSON?: Y/N

**E. EATING DISORDER HISTORY: Y/N**

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_ TREATMENT: \_\_\_\_\_  
CURRENT STATUS: \_\_\_\_\_

**F. GENERAL HEALTH HISTORY:**

ALLERGIES?: Y/N  
CONVULSIONS?: Y/N DATE: \_\_\_\_\_ TREATMENT: \_\_\_\_\_  
DT'S?: Y/N DATE: \_\_\_\_\_ TREATMENT: \_\_\_\_\_  
HISTORY OF DIABETES?: Y/N TREATMENT: \_\_\_\_\_  
CARDIOPULMONARY: \_\_\_\_\_  
GASTROINTESTINAL: \_\_\_\_\_  
GENITOURINARY: \_\_\_\_\_  
OTHER HEALTH ISSUES: \_\_\_\_\_  
DATE OF LAST MENSES: \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**MEDICAL CERTIFICATION-Page 2**

**G. CURRENT PHYSICAL EXAMINATION:**

HEART: \_\_\_\_\_  
LUNGS: \_\_\_\_\_  
ABDOMEN: \_\_\_\_\_  
EXTREMITIES: \_\_\_\_\_  
NEUROLOGIC: \_\_\_\_\_  
OTHER: \_\_\_\_\_  
DENTAL PROBLEMS: \_\_\_\_\_  
SMOKER: Y/N \_\_\_\_\_

**H. AXIS I** \_\_\_\_\_  
**AXIS II** \_\_\_\_\_  
**AXIS III** \_\_\_\_\_  
**AXIS IV** \_\_\_\_\_  
**AXIS V** \_\_\_\_\_

**I. CURRENT MEDICATIONS:**

DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ STARTED: \_\_\_\_\_  
DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ STARTED: \_\_\_\_\_  
DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ STARTED: \_\_\_\_\_

**J. LABORATORY WORKUP:**

CBC & DIFFERENTIAL: DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
URINALYSIS: DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
RPR (Syphilis) DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
Hb Ag (hepatitis B surface antigen) DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
PPD DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_  
AND/OR CHEST X-RAY: DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_

**RESULTS OF PPD OR CHEST X-RAY IS MANDATORY PRIOR TO ADMISSION**



**PLEASE INCLUDE ALL AVAILABLE MEDICAL RECORDS.**

**THANK YOU!**

This is to certify that I have examined \_\_\_\_\_ and find him/her to be free of communicable diseases and not in need of nursing care. He/She is non-psychotic and is neither chair nor bedfast, is able to negotiate stairs unassisted and is reasonably well oriented.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

I certify that the above information is accurate and that I enclose all medical records in my possession on this patient.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**



***FOR USE BY LITTLE HILL-ALINA LODGE ONLY***

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Nurse taking information:** \_\_\_\_\_

**DATE OF MED. CERT. APPROVAL:** \_\_\_\_\_ **ADMINISTERING SIGNATURE:** \_\_\_\_\_