Please send completed form to:
Admissions - CooperRiis
101 Healing Farm Lane
Mill Spring, NC 28756
828-894-7140 Phone / 828-894-7111 Fax
Call or email admissions@cooperriis.org with any questions.
Additional forms at wwww.CooperRiis.org

Physical Form from Applicants MEDICAL Treatment Team

Applicant's Name _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip _____

I. Medical Profile

A. Applicants Diagnosis (DSM-IV-R)

Axis III: _____

_____

Allergies and/or adverse reactions to medications:

_____

_____

_____

II. General Medical History

A. Please indicate whether the applicant currently has or has had any of the following medical problems.
We require that all medical records/lab results relating to conditions for which the applicant is currently being treated and those that require ongoing treatment.

Dizziness, Fainting, Siezures	N Y	Blood Pressure	N Y	Diabetes	N Y
Migraines	N Y	High Cholesterol	N Y	Cancer	N Y
Head Injury	N Y	Thyroid	N Y	Anemia/Other Blood Disorder	N Y
Stroke	N Y	Neck/Back Injury	N Y	Kidney Disease	N Y
Asthma/Lung Disease	N Y	Arthritis	N Y	Major Surgeries	N Y
Heart Disease/Murmur	N Y	Fractures	N Y	Other	N Y
High Risk for TB	N Y	please provide proof of two-step TB test			

If yes, please explain: _____

B. Does the applicant use any medical aids/devices such as glasses, CPAP, hearing aids

_____

C. Is this applicant capable of participating in a life skills program which includes physical work outside? *(if not, explain)*

_____

D. Any physical limitations/restrictions?

_____

E. Does applicant need further medical follow up?

_____

III. Current Medications

Medication	Dose	Time Taken	Reason Prescribed

IV. Physician Signature (Attests to Medical Profile): _____

Printed Name _____ Date _____

Address: _____ Phone _____

City/State/ZIP _____ Email _____