

**Northwest Alabama Mental Health Center**

**S.T.A.R.T. Program**

2584 Hwy 96, Fayette, AL 35555

**Physical Examination for Admission** (updated 4/2021)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current illnesses: \_\_\_\_\_

Current Medications and Diagnoses for Medications: \_\_\_\_\_

Medical history: Vision: \_\_\_\_\_ Are glasses/corrective lenses needed: Yes No

Hearing problem: Yes No. If yes, explain: \_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_

Hospitalizations (when/reason): \_\_\_\_\_

Head Lice check: Positive Negative Date of check \_\_\_\_\_

Allergies to any medication/foods \_\_\_\_\_

Other allergies: \_\_\_\_\_

*All allergies must be listed by the M.D.*

**Pregnancy Test:** Positive Negative Date of test \_\_\_\_\_

**TB Skin Test:** Positive Negative Date of test: \_\_\_\_\_ Date read: \_\_\_\_\_

**STD Test Required:** Positive Negative If positive circle for type: Chlamydia Yeast  
Gonorrhea Syphilis Trichomoniasis HPV/Herpes Hepatitis B Bacterial Vaginosis  
*Please send confirmation of all tests ordered including swabs and blood test.*

Are there any physical restrictions for this individual? Yes No. If yes, please specify:

Other Comments: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information: Printed Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_