Medical Diagnosis

(Referrals require a medical diagnosis signed by the attending physician)

A current H & P is needed

Patient Name: ____

Referring Institution: ____

Primary Diagnosis: ____

Secondary Diagnosis: ____

TB Testing

Was patient tested for **TB** within the past 30 days? Yes _____ No_____

Date of test: _______________ Result of Test (+/-) ______________

Was a chest x-ray performed?Yes _____ No _____

If **Yes**, what were the results? Normal _______ Abnormal _________

If **Abnormal**, what treatment was prescribed? ____________________________

If treatment was not prescribed, state reason: ____________________________________

Patient's Next Medical Appointment:

Date: _______________ Time: __________ Physician Name: ______________________

Location: _____________________________________ Phone: ______________________

Special Dietary Needs:

Diabetic	_______________	Lactose Intolerant	_______________
Low Cholesterol	_______________	Liquid	_______________
Low Salt	_______________	Other	_______________

Patient Disabilities (check all applicable):

Hypertension	_______________	Alcohol Abuse	_______________
Seizures	_______________	Drug Abuse	_______________
HIV or AIDS	_______________	Other	_______________

Medications Currently Required	**Reason**
1. ________________________________	1. ______________________________
2. ________________________________	2. ______________________________
3. ________________________________	3. ______________________________
4. ________________________________	4. ______________________________
5. ________________________________	5. ______________________________

Med Supplies Required	**Reason**
1. ________________________________	1. ______________________________
2. ________________________________	2. ______________________________
3. ________________________________	3. ______________________________
4. ________________________________	4. ______________________________
5. ________________________________	5. ______________________________

Attending Physician's Signature: ________________________________