

# medical INFORMATION

## ABOUT McCALLUM PLACE

Our facility provides comprehensive treatment and support for patients requiring meal supervision and structure to gain or stabilize weight, change their eating habits, control their exercise, or prevent purging. Our staff includes an on-site psychiatrist and a clinical nurse specialist, both of whom are experienced with the medical management of patients affected by eating disorders, along with expert therapists and support staff. We monitor weight and vital signs, watch for signs of electrolyte disturbances, and are capable of managing early re-feeding syndrome. Should your patient require tube feeding for supplemental nutrition, a nasogastric tube can be placed at a local hospital; we will manage the feedings on site.

As a free-standing facility, we are prevented from taking patients who require intensive cardiac monitoring, daily labs, or who need involuntary commitment. We will coordinate brief medical or psychiatric hospitalization should more intensive support be required for stabilization. We require that all patients have a complete physical with neurologic exam prior to admission.

Please complete this form so that we can complete our preadmission screening. Thank you.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME DATE OF BIRTH

EXAM:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF VISIT GENERAL

\_\_\_\_\_  
HEIGHT WEIGHT TEMP

\_\_\_\_\_  
PULSE: STANDING SITTING BLOOD PRESSURE: STANDING SITTING

\_\_\_\_\_  
SKIN HEENT

\_\_\_\_\_  
CARDIAC LUNGS

\_\_\_\_\_  
ABDOMEN EXTREMITIES

\_\_\_\_\_  
NEURO

SUMMARY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE ADDITIONAL INFORMATION ON THE OTHER SIDE OF THIS FORM.

**PREADMISSION CHECKLIST** PLEASE FAX DATED COPY

- EKG
- ELECTROLYTES/BUN/CR/MAGNESIUM/PHOSPHORUS
- LIVER PANEL, AMYLASE, CHOLESTEROL, ALBUMEN AND TOTAL PROTEIN
- CBC
- HEPATITIS SCREEN
- PREGNANCY TEST
- URINALYSIS

/ /

PLEASE PLACE TB TEST RESULTS

DATE

/ /

**HEPATITIS A** DATE OF VACCINATION Please Vaccinate against Hepatitis A so your patient may participate in our cooking.

**LIST OF ACTIVE MEDICAL PROBLEMS:**

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**LIST OF CURRENT MEDICATION:**

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**STATEMENT THAT YOUR PATIENT IS FREE FROM COMMUNICATIVE DISEASES:**

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SIGNATURE

OFFICE PHONE

FAX