



Please send completed form to:
 Admissions
 CooperRiis, 101 Healing Farm Lane
 Mill Spring, NC 28756
 828-894-7140 828-894-7111 FAX
 Please call or email Admissions@Cooperriis.org
 with any questions. Additional forms at www.CooperRiis.org

Physical Form from Applicant's MEDICAL Treatment Team

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

Address _____ City _____ State _____ Zip _____

I. Medical Profile

A. Applicant's Medical Diagnosis

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, seizures	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	<i>please provide proof of two-step TB test</i>			
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 _____