



DMC-ODS Residential Medical Clearance Form

Form requested by: **Good Samaritan Services** _____ **The Salvation Army** _____ **CADA** _____

(Note- Completion of this Medical Clearance Form does not guarantee Residential placement.)

Please call the ACCESS Line (888) 868-1649 for additional information, referrals and crisis support.

Medical Professional Information (Required)

The Medical Clearance Form must be completed by a licensed medical professional to be valid. The medical professional completing the form must provide the following information:

Name: _____ **License Type & Number:** _____
(Print First & Last)

Signature: _____ **Date form completed:** _____

Client Information

Client Name: _____ **DOB:** _____
(Print First & Last)

- Yes No Client is medically cleared to enter and participate in a social model Residential Treatment and/or Withdrawal Management Program.
- Yes No Client is stable with no medical symptoms or findings suggesting instability.
- Yes No Vital signs pose no immediate risk of an adverse event.
- Yes No Withdrawal symptoms are adequately controlled and do not require medical admission.
- Yes No Client is free of any evidence of head lice, body lice, bed bugs or any other parasite.
- Yes No Client is being screened for public health concerns: COVID-19, TB, active contagious disease, infections. Last TB Test Received: _____
- Yes No Client can fully manage his/her own basic physical needs/care.
- Yes No Client is psychologically able to participate in a social model Residential Treatment/Withdrawal Management Program.
- Yes No Client has no intent to hurt self or others.
- Yes No Client can take medication as directed by physician.

List all known allergies:

List all chronic medical conditions:

List all prescribed medication:



Good Samaritan:
Phone (805) 332-3647 ext. 1



The Salvation Army:
Phone: (805) 962-6281
Fax: (805) 899-2702



CADA- Adult Residential Treatment Services:
Phone: (805) 963-1836
Fax: (805) 963-1653