

LIFE CHALLENGE OF WESTERN NORTH CAROLINA

P.O. Box 2553 Cullowhee, NC 28723
Phone (828) 631-0055 Fax (828) 631-0058

Physician Recommendation Form

I am applying for admittance into Life challenge of Western North Carolina residential discipleship program. In order to complete my application, I need a physician to complete the following reference form regarding my current status and run the medical tests in Section II. I give permission and authorize you to release the information requested below to Life challenge of WNC. I also give you permission to release any medical notes to them to help them make the best decision for my recovery. After completion, this form is to be mailed or faxed directly to the center - don not return the form to me.

Applicant Signature

Date

I. General Information

Applicant Name _____
Birth date _____ Age _____ Race _____ Sex _____
Height _____ Weight _____ Temperature _____ Pulse _____
Respiratory _____ Blood Pressure _____ / _____

II. Laboratory

Please test for the following communicable and sexually transmitted diseases.
Copies of the actual lab reports **must be** faxed to Life Challenge of WNC.

- 1.Hepatitis A, B, and C
- 2.HIV
- 3.Pregnancy
- 4.Lice
- 5.Tuberculosis
- 6.Venereal Diseases RL or RPR

III. Medical History

Check the following areas with the applicant. Respond in detail where abnormalities exist.

- *Eyes, ears, nose, throat _____
- *Dental or Oral _____
- *Respiratory _____
- *Cardiovascular _____
- *Endocrine _____
- *Gastro-intestinal _____
- *Abdomen _____
- *Genitor-Urinary _____
- *Musculoskeletal _____
- *Neurologic _____
- *Dermatologic _____

IV. Life Controlling Problems

Note the current condition of the applicant in regards to the following areas. Note in detail your professional assessment and/or recommendations.

- Psychiatric _____
- Alcoholism _____
- Drug Abuse/Addiction _____

V. Family History

Has the (1) client or (2) family member suffered from any of the following conditions? Please respond with Yes or No. Also, if yes on a family member/ please list the family member.

- | | | | |
|----------------------|-----------|-----------|------------|
| Nervous Breakdowns | (1) _____ | (2) _____ | Who? _____ |
| Suicide or Attempts | (1) _____ | (2) _____ | Who? _____ |
| Migraine Headaches | (1) _____ | (2) _____ | Who? _____ |
| Sleeping Medications | (1) _____ | (2) _____ | Who? _____ |

VI. Your Professional Opinion

What is your diagnosis of the current condition of the Applicant? _____

Recommendations: _____

Life Challenge of Western North Carolina is not a medical care facility and is unable to provide any onsite medical supervision. Therefore all students entering the program must be in good health. If an applicant's health requires medical supervision, Life Challenge of Western North Carolina is not the appropriate program. We do not have the facilities to provide health care for students.

In my opinion, this person is stable enough physically, mentally, and emotionally to participate in a 12 month residential program involving teaching, learning, work responsibilities, and strict discipline to help produce a self-disciplined life.

Doctor's Signature: _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone :() _____ **Fax:** _____

If you have any questions contact us at our office at (828) 631-0055 or fax (828) 631-0058.