HEALTH QUESTIONNAIRE SCORING KEY

This self-administered questionnaire is designed to provide programs with a set of general guidelines to assist in determining an individual's suitability for treatment/recovery services in a non-medical facility. It is intended as a guideline only and should not be substituted for common sense or any other available data which contradicts this questionnaire. When in doubt, always consider the severity of the issue and, above all, the well being of the client. The potential value of a thorough Health Screening administered by a nurse practitioner or physician should never be underestimated.

Section 1

A **yes** answer to any of the questions in section 1 indicates the existence of a potentially life threatening condition. You should strongly consider referring the individual to a qualified physician, requesting that they provide you with a medical clearance to participate in a program. Enrollment in the program prior to receiving a medical clearance is at the discretion of the program.

Section 2

A **yes** answer to any of the questions in section 2 indicates the existence of a serious health condition. Although admission into your program may be appropriate, a thorough Health Screening should be scheduled at the time of admission. Continuing participation in the program should be at the discretion of program.

Section 3

A **yes** answer to any of the questions in section 3 does not necessarily indicate the existence of a serious health condition. However, **multiple yes answers** could be cause for concern and indicative of a generally poor health condition. Multiple yes answers in section 3 may warrant a Health Screening. At a minimum information gathered in section 3 should be available to staff in order to better serve the client.

The high incidence of illness at time of admission to a program calls for caution and attention to detail. No client can benefit from a program if he or she is too ill to participate fully. Conversely, no program can succeed if its clients are unable to utilize the services offered.

Section One

Section Two

Section Three

Please describe any surgeries or hospitalizations due to illness or injury that you have had:

When was the last time you saw a physician? What was the purpose of the visit?

In the past seven days what type of drugs, including alcohol have you used?

Type of Drug	Route of Administration

In the past year what type of drugs, including alcohol have you used?

Type of Drug	**Route of Administration**

I declare that the above information is true and correct to the best of my knowledge:

Client Signature:

Medical Director: