Mission Services of London

QUINTIN WARNER HOUSE
Pre-Admission Medical Form

This form must be completed by a Physician, Nurse Practitioner or Registered Nurse

Patients Name:	
Date of Birth	
Health Card #	

- **Medical Condition(s):**

Client History of:	Yes	No	If yes, explain:
Allergies	Yes	No	
Allergies to medication	Yes	No	
Suicide attempt	Yes	No	
Seizures	Yes	No	
Physical limitations	Yes	No	
Learning Disabilities	Yes	No	
Other Significant Problems	Yes	No	

○ Stroke/Paralysis	○ Tuberculosis	⊙ Hallucinations (w/o drugs)
○ Heart Disease	○ Diabetes	○ Eating Disorder
○ Liver Disease	○ STI's	○ Head injury
○ Stomach Problems	○ High Blood Pressure	○ History of Trauma

- **Current Medications (include all prescription and non-prescription):**

Please note Narcotics and Benzodiazepines are not allowed at QWH.

Medication Name	Dosage	# Months on Med	Patient Compliant?

- **Mental Health**

Diagnosis:	Meds prescribed		Diagnosed in past 12 months?	Hospitalized in past 12 months?
			Yes No	
			Yes No	
			Yes No	
Psychiatrist/ Primary Clinician:		Phone:		

	Yes	No	If no, explain:
Is client able to participate in a long term program?	Yes	No	
Can client participate in Yoga, volleyball and daily walks?	Yes	No	

- **Physician or Nurse Comments (ie. Future appointments or referrals)**

- **Please Print:**

Physician or Nurse's Name:	
Address:	
Telephone:	
Fax:	

Signature: _____ **Date:** _____

Please return to: Quintin Warner House
457 York Street (West Entrance)
London, Ontario N6B 1R3

Fax: 519-434-1669