

Health Information Sheet

Application for Teen Challenge North East Scotland

Applicant's Name.....

This form must be completed by your Doctor. Please ensure it is signed by your Doctor and stamped with the medical practice address, before posting to either our men's centre, Sunnybrae, or women's centre, Benaiah (addresses at base of form).

I give permission for this form to be completed.

Applicant's signature.....

To the Doctor: Could you please complete this questionnaire regarding your patient, named above?

1. To your knowledge, has the patient detoxed before? YES NO

If yes, could you please provide details relating to any previous detoxification?

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2. Are you currently prescribing any medication to the patient? YES NO

If yes, please provide details below

Medication	Dosage	Symptom/Illness	Comments

3. Has the patient any history of mental health issue? YES NO

If yes, could you please provide details?

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Psychiatrist, Mental Health or Drug Worker:

Name..... Phone.....

Name..... Phone.....

4. Has the patient any other current general health issues? YES NO

If yes, could you please provide details?

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5. Has this patient any blood-borne diseases? YES NO DON'T KNOW

If yes, could you please provide details?

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6. Are there any medical reasons known to you why this patient should not participate in the residential Teen Challenge addiction recovery programme? YES NO

If yes, could you please provide details?

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Can you sign and stamp this form please?

Doctor's name.....

Doctor's signature.....

Date.....

Doctor's address stamp here

Thank you for completing this form

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