

Tanana Chiefs Conference, Behavioral Health

OLD MINTO FAMILY RECOVERY CAMP Medical History & Physical Screening

Name _____ DOB: _____ Date _____

Old Minto Family Recovery Camp is an Alcohol and Drug treatment program operated by Tanana Chiefs Conference in Fairbanks, Alaska. The program setting is isolated, rural, and accessible only by small plane and boat and treatment is expected to take five weeks. **(NOTE: A Medivac is not possible out of Old Minto, so consider that when doing the physical.)** A condition of admission is that clients be able to fully participate in all activities, which include hauling water, cutting and lifting wood, Subsistence Activities, etc. All clients are required to obtain a health screening to ensure that there are no medical conditions or severe withdrawal potential that would interfere with treatment and leave the client at risk for complications.

FILLED OUT BY A HEALTH CARE PROVIDERS

Can this client performs 4 METS of activity (equivalent to climbing 2 flights of stairs) without chest pain or shortness of breath?

_____ Yes _____ No

Does this client have a chronic condition which is likely to deteriorate in the next 6 weeks causing them to be unsafe in a remote setting?

_____ Yes _____ No

Does this client have evidence of an acute or rapidly changing condition which will need active management in the next 6 weeks?

_____ Yes _____ No

- If yes, is this a condition which is likely to resolve with treatment, allowing admission to Old Minto after acute treatment?

_____ Yes _____ No

- If yes, when should the client follow-up for a repeat Medical History and Physical Screening appointment?

Date: _____

Is the client actively followed by a specialty clinic?

_____ Yes _____ No

Is yes, do they have follow-up appts scheduled or due in the next 6 weeks?

_____ Yes _____ No

Please explain any treatment or appointments recommended PRIOR to clearance for Old Minto:

(Please use additional page if needed for this or other questions)

FEMALES - Date of last period _____ Are periods irregular, difficult, painful, heavy? _____

Pregnant? _____ No _____ Yes _____ Unsure? Explain _____ Pregnancy Test _____

Contraception or hormones that will be needed while at Old Minto? _____

Medications:

Is the client currently taking any **prescription medications** that will be needed while at Old Minto? _____ No _____ Yes

*(All medications are locked in a central cabin and dispensed to patients. All medications need to be dispensed for at least 45 days... refills very difficult. And **opiate based medications are not allowed at camp**. If indicated, please prescribe an alternative),*

| Medication | Dosing | For what Condition | 45-day Supply? | |
|------------|--------|--------------------|------------------------------|-----------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are any of the medications possibly “mind altering?” (benzodiazepines, anti-psychotics, lithium, etc). Discuss potential issues:

Will the client be taking any **over-the-counter products**? ☐ No ☐ Yes Medication and what for: _____

NOTE: *As an optional part of treatment patients may take vitamin supplements for physical detoxification, including high dose of B vitamins. Would use of vitamins conflict with any of the patients medical conditions or medications?* ☐ No ☐ Yes

Does the client currently have any special dietary requirements? ☐ No ☐ Yes Describe: _____

Mental Health:

Is the client currently depressed, anxious, or having suicidal thought? Or thoughts of hurting someone else? ☐ No ☐ Yes

Does the client have a history of suicide attempts or violent behavior towards others, family, or self? ☐ No ☐ Yes

Explain: _____

Does the examiner feel the client is ☐ Low ☐ Medium ☐ High risk of harm to ☐ Self ☐ Others?

Substance Abuse:

Is the client an IV drug user? ☐ No ☐ Yes. Last used _____ What drug _____ With whom? _____

Is the client currently experiencing signs and symptoms of withdrawal – please check the following:

None ☐ Nausea & Vomiting ☐ Tremor ☐ Sweats ☐ Tactile Disturbances ☐ Anxiety ☐

Agitation ☐ Auditory Disturbances ☐ Headache ☐ Orientation ☐ Visual Disturbances ☐

Does the client have a history of withdrawal complications? ☐ No ☐ Yes Explain: _____

Please check current immunizations: (check if current)

☐ Flu Shot ☐ Tetanus Shot ☐ Other _____

Please review history and patient for TB. Do you feel there signs or symptoms suggesting active TB? ☐ No ☐ Yes

Explain: _____

Are there any additional studies or lab tests needed before a recommendation is made? ☐ No ☐ Yes. Explain: _____

Based on your exam and review, are there concerns regarding the client's ability to fully and safely participate in the treatment program and activities at Old Minto Camp for 45 days in a remote and isolated location? _____

Based on findings of Medical Evaluation, the client:

☐ Is recommended for Old Minto Family Recovery Camp.

☐ Is not recommended for Old Minto Family Recovery Camp.

Signature of Physician, Nurse Practitioner or Physician Assistant

Contact Number

Date

Stamp or printed name of Provide