Moon Lodge Residential Treatment Center

Medical Clearance

Patient Name: ____________________________ DOB: __________________

Date of Examination: __________________

LAST ETOH/DRUG USE: ____

Height: ______________ Weight: ______________B/P: _______________

HEENT: **Current Medication/Dosage** ________________________________

Chest: ________________________________

Heart: ________________________________

Abdomen: ________________________________

Genitourinary: ________________________________

Extremities: ________________________________

Neurologic: ________________________________

Laboratory Data:

Hepatitis Test for A, B, C Date obtained: _______________ Results: A_________ B________C________

HIV Test Date Obtained:____________________ Results_____________________________

SMAC: __________________ RPR_______________ HCT: _______________ UA: ________________

Current Tuberculin Skin Test: Placed: ______________Read_____________Result: _____________

ALLERGIES: Medications: ____

Food: ____

Medically Stable, is able to participate in residential treatment without restrictions: ☐ Yes ☐ No

Physically Stable, is able to participate in residential treatment without restrictions: ☐ Yes ☐ No

Note Restrictions:____

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Physician's Name:____ Phone: __________________

Clinic: ____

Address: ____

Revised 12/7/2020

New Moon Lodge Residential Treatment Center
Standing Order for Over-the-Counter Medications

Client Name: ___________________________ DOB: _________________

New Moon Lodge Residential Treatment Center is licensed by the New Mexico Board of Pharmacy to provide assistance to residents with self-administration of medications. We are required to obtain an order for medication from a Licensed Practitioner in order to adhere to all self-administration regulations. This Standing Order pertaining to this resident will remain in effect for the duration of his stay at New Moon Lodge Residential Treatment Center.

We provide limited types of "Over-the-Counter" symptomatic relief medications. These OTC's are provided for temporary relief of self-limiting symptoms. Residents will seek medical attention when appropriate, i.e., if there appears to be either a sensitivity reaction, significant side effects, or when relief is not obtained within a reasonable time-frame.

Please write out a detailed order which includes:

1. For what symptoms
2. An exact dose
3. A maximum total dose per 24 hours
4. Any known allergies
5. If this individual is not to use any of the OTCs provided for any reason

ALLERGIC TO:

Please Check/or note below: Medications selected below by a Licensed Practitioner are approved for use.

- ☐ Acetaminophen 500mg
  Per Manufacturer's Instructions
  4000mg max/24hrs
- ☐ Ibuprofen 200 mg
  Per Manufacturer's Instructions
  1200mg max/24hrs
- ☐ Loratadine 10 mg
  Per Manufacturer's Instructions
  10mg max/24hrs
- ☐ Cetirizine HCl 10mg
  Per Manufacturer's Instructions
  10mg max/24hrs
- ☐ Diphenhydramine HCl 25 mg
  Per Manufacturer's Instructions
  25mg max/24hrs
- ☐ Menthol 4.8-7.6mg (Cough Drops)
  Per Manufacturer's Instructions
  91.2mg max/24hrs
- ☐ Calcium Carbonate 1000 mg
  Per Manufacturer's Instructions
  7000mg max/24hrs
- ☐ Bismuth Subsalicylate 525 mg
  Per Manufacturer's Instructions
  4200mg max/24hrs
- ☐ Polyethylene Glycol 3350 17 g
  Per Manufacturer's Instructions
  17g max/24hrs
- ☐ Omeprazole 20 mg
  Per Manufacturer's Instructions
  20mg max/24hrs
- ☐ Ranitidine 150mg
  Per Manufacturer's Instructions
  300mg max/24hrs
- ☐ Bacitracin Zinc, USP 500 units (First Aid Antiseptic)
  Per Manufacturer's Instructions
  3x use/24hrs
- ☐ Guaifenesin 600 mg
  Per Manufacturer's Instructions
  2400mg max/24hrs
- ☐ Camphor 4%/Menthol 10%/Methyl salicylate 30% (Topical Analgesic Cream)
  Per Manufacturer's Instructions
  4x use/24hrs
- ☐ Hydrocortisone 1% (Topical Anti-Itch Cream)
  Per Manufacturer's Instructions
  4x use/24hrs
- ☐ Bacitracin zinc (400 units)/Neomycin sulfate (3.5 mg)/Polymyxin B sulfate (5,000 units) (First Aid Antibiotic)
  Per Manufacturer's Instructions
  3x use/24hrs

Or other directions:

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________________________ ________________________ __________

Name of Licensed Practitioner   Signature of Licensed Practitioner   Date

ENIPC – Circle of Life Behavioral Health Network

New Moon Lodge Residential Treatment Center

STANDING ORDER FOR

"BEDSIDE" MEDICATION SELF-ADMINISTRATION

To Whom It May Concern:

New Moon Lodge Residential Treatment Center is licensed by the New Mexico Board of Pharmacy to provide residents with self-administration of medications. We are required to obtain a "BEDSIDE" order for medication from a Licensed Practitioner in order to adhere to all self-administration regulations.

Please Note: The "BEDSIDE" order is applicable only to individuals who have been educated in the use of any bedside medications prescribed i.e., use of an INHALER or EPI-PEN. This order will allow individuals to maintain the medication on their person and in their possession at all times.

The BEDSIDE Order pertaining to this patient will remain in effect for the duration of his stay.
Consumers will seek medical attention when appropriate, i.e., if there appears to be either a sensitivity reaction, significant side effects, or when relief is not obtained.

PLEASE NOTE ANY KNOWN ALLERGIES TO MEDICATION BELOW
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Please write out a detailed order below which includes:

1. For what symptoms
2. An exact dose
3. A maximum total dose per 24 hours
4. Instructions on what to do if symptoms persist

MEDICATION(S) WHICH THIS INDIVIDUAL MAY TAKE WITH THIS BEDSIDE ORDER

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CONSUMER ________________________________ **DOB:** ____________**Chart No.:** ________

Physician's Signature__________________________________