



Physician's Statement

Client full name

Date of birth

Mailing address

Physician's name

Clinic/hospital

Physician's address

Physician's email

Date of last physical examination

Note for Physician

This client is applying to Ledgehill Treatment and Recovery Centre to participate in a holistic residential addictions treatment program. The program entails moderate daily physical activity, therapy and psychoeducational programming. We require that all participants be effectively medically managed for all physical and mental health conditions prior to attending the LTRC Program. Your opinion of the applicant's medical fitness is therefore requested.

Please indicate all currently prescribed medications, the doses and the frequency of administration. **Clients are required to have an adequate supply of these medications for the duration of their stay at Ledgehill.**

Remarks

Physician's Statement

I find no medical conditions that I consider unmanaged or contra-indicatory to residential addictions treatment.

Signed

Date

Name

Clinic/hospital
