

Santa Fe Recovery Center

4100 Lucia Ln. Santa Fe, NM, 87507  
Phone (505) 471-4985 Fax (505) 471-6084

Alcohol/Substance Abuse Social Detox and  
Rehabilitation Program

**Medical Clearance**

Date of Exam: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Illness (Substances Abused): \_\_\_\_\_

Pertinent Medical History: \_\_\_\_\_

Known Food/Drug Allergies: \_\_\_\_\_

**Physical Findings**

Vital Signs BP: \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

General Appearance: \_\_\_\_\_

Pertinent Findings on Physical Exam: \_\_\_\_\_

**TB Skin Test**-\*We will accept a PPD less than 6 months prior to admission. If last PPD was positive, results of chest x-ray.

Date of most recent PPD:	Location:	Results

**It is important to note that our form contains a list of over the counter medications, such as Ibuprofen. The practitioner must initial the medicines that you may take; otherwise, we will NOT be able to administer them.**

**MD PLEASE NOTE: THIS FORM SERVES AS ORDERS FOR THE CLIENT.**

**PLEASE INDICATE THE MEDICATIONS AND DOSAGES BELOW.**

**Medications for Alcohol Detox:**

- \_\_\_ Librium (chlordiazepoxide) 25mg 1-2 PO Q4h PRN  
Hold for BP less than 90/60. DC after 7 days.
- \_\_\_ Multi-Vitamin 1 Tablet PO Daily
- \_\_\_ Thiamine 100 mg 1 Tab PO Daily
- Or \_\_\_ B- Complex Supplement 1 Tab PO Daily

**Medications for Opiod Detox:**

- \_\_\_ Suboxone 8mg/2mg 1 Tab SL Q \_\_\_
- \_\_\_ Clonidine 0.1mg 1 Tab Q6h PRN withdrawal symptoms  
Hold for BP less than 90/60 DC after 7 days
- \_\_\_ Flexaril (cyclobenzaprine) 10mg. 1 Tab Q8h  
PRN muscle spasm DC after 7 Days
- \_\_\_ Vistaril (hydroxyzine) 25mg 1-2 Tabs Q6h  
PRN anxiety DC after 7 Days

**Pain Medication:**

- \_\_\_ Ibuprofen 200 mg 2 Tabs PO Q6h PRN Pain
- \_\_\_ Ibuprofen 200 mg 2 Tabs PO Q8h PRN Pain

**Allergy/Sleep Medications:**

- \_\_\_ Benadryl (diphenhydramine) 25mg 1-2 Tabs PO HS  
PRN insomnia
- \_\_\_ Claritin (loratadine) 10mg 1 Tab PO QAM  
PRN allergies DO NOT Exceed more than 1 Tab in 24 hrs

**GI Medications:**

- \_\_\_ Antacid 30mL or 3 tabs PO Q3h between meals  
PRN heartburn
- \_\_\_ Keopectate 30mL Q4h PRN diarrhea
- \_\_\_ Milk of Magnesia 30mL QHS PO PRN constipation
- \_\_\_ Metamucil 1 Tbs. in 8oz. TID PO PRN constipation

**Other Medications:**

- \_\_\_ Robitussin 1-2 tsp. PO Q6h PRN cold symptoms  
Not to exceed 6 tsp. in 24 hrs. DC after 7 Days.

**\*PLEASE DO NOT PRESCRIBE OPIATES FOR PAIN  
\*PLEASE DO NOT PRESCRIBE BENZODIAZEPINES  
FOR ANXIETY**

**Pregnancy Test:** Negative \_\_\_\_\_ Positive \_\_\_\_\_ **Last Menstrual Period:** \_\_\_\_\_

**\*Client Must Fill and Bring With Them All Medications\***

Name of Medication/Dosage	Amount	Route/Frequency	Purpose	Directions

By signing this form, I certify that this patient is medically cleared for a social detoxification/residential treatment program.

**Provider Name** \_\_\_\_\_ **Provider Signature** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

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