

## Physician Preadmission Form

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

Completing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

One of your patients is pursuing eating disorder treatment at Walden Behavioral Care. To provide a comprehensive evaluation and make a recommendation for appropriate level of care, we require the following medical information from you prior to the scheduled evaluation.

Required Vital Signs	
Date of Examination:	
Height:	Weight:
Temperature:	Goal weight (if available):
Sitting Blood Pressure:	Standing Blood Pressure:
Sitting Pulse:	Standing Pulse:

Required Lab Work (please attach)	
CMP	Urinalysis
Magnesium, Phosphorus	Urine Drug Screen
CBC with Diff	Urine Pregnancy Test

Additional Documentation (Please attach if applicable)
Current Medication List
Growth Charts (required for all patients 18 years old and younger)
Medical Notes (H&P, recent visit notes, EKG, DEXA and other test results)
Vaccination List (including COVID-19 and flu)
Documentation of any coexisting medical conditions

**Please return form to Walden Behavioral Care prior to the patient's scheduled appointment:**

Fax - (781) 262-0289    Email – [intake\\_coordinators@waldenbehavioralcare.com](mailto:intake_coordinators@waldenbehavioralcare.com)

We can be reached at above email or by phone at (888)791-0004 with any questions.