

## THIS IS NOT A LAB ORDER

### How to use this form

Please give the second page of this document to your primary care physician and ask them to order the listed biometric and laboratory tests. This document is not an order for tests. Quest, LabCorp, and other third-party laboratory providers will not be able use this form to provide services.

Please reach out to our Welcome Center team at [intake\\_coordinators@waldenbehavioralcare.com](mailto:intake_coordinators@waldenbehavioralcare.com) if you have any questions or concerns.

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### 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.