Drayton Hall
Teen Challenge

DOCTOR'S REFERRAL HEALTH QUESTIONNAIRE

Patient's Name: _____ D.O.B: _____

NHS Number: _____

1. To your knowledge has this patient detoxed before? YES/NO

If yes, can you give us any information?

_____

_____

2. Are you currently prescribing this patient any medication? YES/NO

If yes, what medication, dosage and frequency?

_____

_____

3. Has this patient ever experienced mental health problems? YES/NO

If yes, please give details and any medication prescribed: _____

_____

_____

4. Would it be medically safe for your patient to come off any medication prescribed for mental health problems? YES/NO

5. Has the patient any current general health problems? YES/NO

If yes, please give details: _____

_____

_____

6. Is there any medical reason known to you why this patient should not participate in a residential drug programme?

If yes, for what reason? _____

_____

_____

Doctor's Stamp:

Please return to:

Drayton Hall, Hall Lane, Drayton NR8 6DP
Tel: 01603 904 422
Or email: Martin@draytonhall.org.uk