

**CHEYENNE & ARAPAHO TRIBES - SUBSTANCE ABUSE PROGRAM**  
**George Hawkins Memorial Treatment Center**  
**HEALTH EXAMINATION REPORT**

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_

*Client: Have you had any of the following...?*

	Yes	No		Yes	No
Diabetes			Fainting Spells		
Operations			Epilepsy		
Fractures			Mental Disease		
Head Injury			Jaundice		
Back Injury			Rheumatism		
Other Injuries			Asthma		
Chronic Back Pains			Sinus Trouble		
Tuberculosis			Skin Disease		
Heart Troubles			Hernia		

**SECTIONS BELOW TO BE COMPLETED BY A PHYSICIAN OR THEIR DESIGNEE...PLEASE PRINT INFORMATION**  
 Medical History (Relevant)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Readings:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Other Significant Findings: \_\_\_\_\_

Ears: \_\_\_\_\_

Eyes: \_\_\_\_\_

Teeth: \_\_\_\_\_

Nose and Throat: \_\_\_\_\_

Skin: \_\_\_\_\_

Heart: \_\_\_\_\_

Scars: \_\_\_\_\_

Women Only—Menstrual History \_\_\_\_\_

Does patient have an active case of: Tuberculosis? \_\_\_\_\_ Hepatitis? \_\_\_\_\_

**PLEASE ATTACH THE TB/PPD SKIN TEST REPORT AND HEPATITIS PROFILE REPORTS**

Allergies: \_\_\_\_\_

Limitations: \_\_\_\_\_

Work (Safe for Kitchen Duty): \_\_\_\_\_ No, Please Explain: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_