



Full lives for people with disabilities

Vinland Medical Screening Form

Version January, 2022

CLIENT NAME / Date of Birth: _____

Date this form filled out: _____

Last date of use: _____ Substances used: _____

Person helping client fill out this form & contact#: _____

Facility Questions:

a. Do you require 24-hour skilled nursing care? _____

b. Self-preservation skills: In an emergency (fire, gas leak), are you able to take proper action (get out of the building)? _____

1. What medications & doses are you currently taking? _____

a. Do you take any controlled substances/narcotics, who manages this? _____

b. What medications & doses are you SUPPOSED to be taking? _____

2. Do you have any allergies to medications, foods, etc.? _____

3. What are your current medical diagnoses? _____

4. What chronic medical conditions do you have? _____

5. What are your mental health diagnoses? _____

6. Do you have any infections which could spread to others? _____

a. Any history of MRSA? _____

i. Any active lesions or sores or bites? _____

b. Past History or current symptoms of TB? _____

i. When & where was your last TB test done? What were the results? _____

ii. Night sweats, cough, bloody sputum, fevers, unintended weight loss _____

7. Any history of seizures? _____

8. Have you, or any of your close contacts*, traveled outside of the country/state within the past couple months? (*A close contact is defined by someone you live with or are in close contact with every day) _____

9. Do you have symptoms of a cough or fever? _____

10. Are you diabetic? _____

a. Insulin? _____

b. Oral medications? _____

c. Who helps you manage your diabetes? _____

11. Have you had a blood clot (Deep vein thrombosis - DVT, pulmonary embolism - PE)? _____

a. Are you currently on a blood thinner? _____

b. If taking Coumadin/warfarin, who manages this? _____

Please fax to Intake: 763.225.4656 or call 763.479.3555 to complete this over the phone with an intake counselor.

You can also email this to: Intake@vinlandcenter.org