VINLAND NATIONAL CENTER | Full lives for people with disabilities

Vinland Medical Screening Form

January 2023 Version

CLIENT NAME / Date of Birth: _____

Date this form is filled out: _____

Last date of use: _____ Substances used: _____

Person helping client fill out this form and 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 and doses are you currently taking? _____
   _____
   _____
   a. Do you take any controlled substances/narcotics? _____
      Who manages this? _____
   b. What medications and 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, sores or bites? _____
   b. Past history or current symptoms of TB? _____
      i. When and 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 (DVT-Deep Vein Thrombosis, PE-Pulmonary Embolism)?
    _____
    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