



Treatment Centre for Substance Dependence

## PRE-ADMISSION FORM: MEDICAL PRACTITIONER

(Doctor, Psychiatrist)

Alcohol and Drug dependency can be treated successfully. At Ramot we offer a treatment programme which ensures specialised individual attention for optimal recovery.

Please send form back to:  
The Admissions Coordinator  
Ramot  
54 Toner Street  
7500

Telephone: 021 939-2033  
Fax: 086 586 0592  
E-mail: [opnames@ramot.co.za](mailto:opnames@ramot.co.za)

RAMOT REHABILITATION CENTRE FOR SUBSTANCE ABUSE RAMOT  
HEALTH STATUS REPORT TO BE COMPLETED BY A GENERAL PRACTITIONER / PSYCHIATRIST

Dear doctor, kindly complete this document and respond to each question in full.

Name & Surname of patient

Age:

Weight:

Height:

Are you acquainted with the patient?: Yes  No

If yes, why did the patient visit you?:

Date:

Has the patient previously been hospitalized?: Yes  No

If yes, why?

Date:

Is the patient currently undergoing medical treatment? Yes  No

Diagnosis:



## Treatment Centre for Substance Dependence

Treatment:

### Surgical History

Procedure:

Date:

Surgical Intervention:

Indication:

### Medical History

Condition:

Year:

Diagnosis:

Pharmacotherapy:

### Examination

Blood Pressure (mmHg):

Pulse (per minute):

Respiration (per minute):

Temperature:

Urine:

HGT:

CNS:

Cardio-pulmonary system:

Endocrine system:

Immune system:

Uro-genital system:

Musculoskeletal System:

Integumentary system

Nature of the patient's  
addiction problem

Nature of the patient's addiction problem:

Do you recommend that the patient be admitted to Ramot  
Rehabilitation Centre?

Yes

No



**Treatment Centre for Substance Dependence**

Name of Physician:

Telephone Number:

Email address:

Practice Number:

Address:

Signature:

Date:

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