



Elah

Short-term Detox Facility
for Young Women and Girls
sarak@retorno.org



Medical Forms

To: _____

We are hereby referring to you the patient _____
ID # _____

For medical examination prior to detoxification treatment.

Following is a list of required tests:

1. **hematology-blood count**
2. **Biochemical test**
Glucose, Creatinine, SGPT, SGOT, Urea, Total Bilirubin, ALK Phosphatase
3. **HIV,HCV AB+AG, HBV AG+AB, VDRL :Serology**
4. **Urine analysis**
5. **Pregnancy test (blood)**
6. **Chest x-ray**
7. **EKG**
8. **General medical exam, including full medical history**

Dr. Katya Levine
Narcologist
Director, Elah Detox Facility



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First Name	Last Name	Father's Name	ID#	Age

Weight	Height	Temp.	Resp.	Pulse	B.P.

General appearance: _____

Head and throat: _____

Ears: _____

Nose: _____

Heart rate, EKG: _____

Smoking, lungs: _____

Abdomen, liver, spleen: _____

Sexual organs: _____

Scars: _____

Neurological exam: _____

Medical history: _____

Hepatitis _____ STD _____

Diabetes _____ Allergies _____

Mental illness: _____

Other: _____

Summary: _____

חותמת	חתימה	שם רופא	תאריך

Thank you for your cooperation.

Dr. Katya Levine

Narcologist

Director, Elah Detox Facility