

# Physical Assessment

Dear Client:

Please be aware that in all cases in which medication is prescribed, especially psychotropic medications, it is essential that you be in good physical condition and/or that there are no contraindications for your taking the medication as prescribed.

If psychotropic medication is prescribed, and you have not had a physical examination and appropriate laboratory work within the last year, please schedule one as soon as possible. I will be glad to consult with your physician so that he/she may be made aware of what medication(s) are being considered or prescribed.

\_\_\_\_\_  
Physician's Signature

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

\_\_\_\_\_  
Physician (Print name)

\_\_\_\_\_  
Client's Signature

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

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PHYSICAL ASSESSMENT

Confidential Patient Information  
See W & I Code 5328

NAME:

CHART NO:

DOB:

PROGRAM: