

**BEHAVIORAL HEALTH
REQUEST FOR PHYSICAL EXAM STATUS**

DATE _____

PATIENT'S NAME _____

HIP ID # _____

PRIMARY CARE PHYSICIAN (PCP) _____

PCP ADDRESS _____

- Mental Health**
- Substance Abuse**

Dear Dr. _____:

(Patient's name) _____, under your care, has presented to

(Therapist's name) _____ at the

(Facility name, if applicable) _____ for treatment.

In order to provide him or her with the highest quality of comprehensive care, it is important for me to know his or her physical exam status. If the patient has had a physical exam in the past year, please complete this form and return to me. If there has *not* been a physical exam during this time, please conduct an exam, complete this form and return to me. Your findings will greatly enhance my ability to counsel the patient in the future.

PHYSICAL EXAM FINDINGS:

• Date of last physical exam _____

• The patient's physical exam was within normal limits.

- Yes No

If no, describe: _____

Signature _____

Date _____

Please return this form to me at _____

by (date) _____ . Please feel free to call me at _____

to discuss this information further.