

Request for Medical Care

Greetings, Medical Care Provider.

I have symptoms of, or have been diagnosed with, substance use disorder. In addition, I have received diagnoses for:

The medications and supplements I currently take are:

An outline of the treatment plan I am following for substance use disorder may be included. In addition, I may be following a more specific treatment plan for alcohol use disorder.

I ask:

1. to be assessed for suitability for medications for my individual case of substance use disorder, and for other physical and mental conditions, and
2. for help with feeling as physically and mentally stable as possible.

I would like to request:

- 1) Physical exam, with screening for skin/soft tissue infections and stigmata of endocarditis.
- 2) Diagnostic lab work for:
 - infectious diseases, including STIs, hepatitis C, and HIV
 - liver functioning
 - endocrine system organ functioning, particularly thyroid and adrenal gland
 - routine labs (blood count, electrolytes, lipid panel, hemoglobin, A1C, etc.)
 - other tests as indicated and recommended.
- 3) Referral to a psychiatrist.
- 4) Referral for psychological and neurological testing, as indicated.

From the following list, I have placed checks by the additional concerns for which I request help. Below each, I have provided a brief description of my concerns.

Diagnosis and treatment, including assessment for medications for:

_____ Substance use disorder*

Primary substance(s) of concern:

Secondary substance(s) of concern:

_____ Co-occurring mental illnesses, including trauma symptoms:

_____ Assessment for neuroatypicality: atypical sensory sensitivity or under-sensitivity; attention challenges; autism spectrum disorder:

_____ Physical illnesses:

_____ Mental illnesses:

_____ Physical pain:

_____ Sleep disturbances:

_____ Tobacco use/nicotine intake:

_____ Caffeine intake:

_____ Hydration/water intake:

_____ Nutrition, diet, weight:

_____ Movement/exercise:

_____ Appointments and referrals for follow-up care and additional treatment

Thank you for your help.

*If you would like a history, I may have a copy of a timeline of substance use history, onset of physical and mental illnesses, and additional related information.

This content is for informational purposes only and is not a substitute for medical or professional advice. Consult a qualified health care professional for personalized medical and professional advice.

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