



PRE-ADMISSION MEDICAL TESTING

MISSION STATEMENT

To provide a safe and loving environment for women with eating disorders to find hope and healing for life transformation through God's Word

Potential Patients: Please call a physician to schedule an appointment to have your Pre-Admission Medical Test completed. Let them know that you need to be seen as soon as possible to get labs and an EKG that are required prior to treatment admission.

Physicians: This patient is being evaluated for admission into our program and requires the following procedures and tests ordered and run STAT. Please send all results, as they become available, to Bring Your Brokenness via our confidential fax line at 9043441144. The patient will not be eligible for admission unless these results reach our office and are reviewed by our team prior to the scheduled admission date. All labs are non-fasting.

- Vitals
- Height and weight
- EKG including QT interval with report
- Pre-Albumin
- Amylase
- Electrolyte Panel
- Lipid Profile (LDL, VLDL, HDL, Triglycerides)
- CBC
- Magnesium Thyroid Function Tests/panel
- Serum HCG
- Pregnancy test for females
- Ketones urine
- Glucose
- A1C* For patients with diabetes only
- Phosphorus Panel
- Urine Drug Screening
- Routine UDT panel includes: Cocaine, amphetamines, opiates, methadone, Marijuana, benzodiazepines

The patient for which I am completing pre-admission testing, _____, is capable of self-preservation in case of emergency.

Physician Signature: _____ Date: _____

PLEASE HAVE YOUR PATIENT SIGN A CONSENT FORM FOR BRING YOUR BROKENNESS