



8 Myrtle Avenue

Westport, CT 06880

203-908-5603

<https://www.liftwellhealth.com>

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## Evaluation for Medical Providers

### Medical Screening Exam (MSE)

Your patient is interested in enrolling in LiftWell, an Intensive Outpatient (IOP) or Partial Hospitalization Program (PHP) that provides patients and support systems a multidisciplinary treatment team using individualized and evidence-based treatment. To ensure medical stability and appropriateness for level of care, our team is requesting you to:

- Order labs (see below for specific instructions) and an EKG that will both be shared with our team (Must be completed prior to patient admission and must not be older than 21 days)
- Complete the form below in its entirety and sign
- Obtain orthostatic vitals (see instructions below) and a blind weight (weigh patient backwards on the scale and do not inform them of weight)
- Provide a copy of your patient's most recent physical examination (Must be within 1 year of admission date to Lift)
- Provide any growth curves or other pertinent information

Patient Name:

Date of Exam/Vitals:

DOB:

Please fax or email this form and the following records to:

Attn: Admissions/Kendall Abbott

Fax Number: (203) 349-5441 or [kabbott@liftwellhealth.com](mailto:kabbott@liftwellhealth.com)

- Labs: Comprehensive Metabolic Panel (CMP), Magnesium, Phosphorus, CBC, Total Iron Binding Capacity, Thyroid Panel with TSH
- EKG

Height (specify cm or in): \_\_\_\_\_

Weight (specify kg or lb): \_\_\_\_\_

Instructions for Orthostatic Vital Signs

1. Supine vitals: Patient lies flat and still for 5 minutes; check heart rate and blood pressure
2. Standing vitals: Patient stands, wait 2 minutes then recheck heart rate and blood pressure check

Supine BP: \_\_\_\_\_

Supine Heart Rate: \_\_\_\_\_

Standing BP: \_\_\_\_\_

Standing Heart Rate: \_\_\_\_\_

Level of care placement will be determined by medical information, patient intake assessment and multidisciplinary team discussion.

Name/Title/Signature:

Direct Phone Number/Email:

Office Fax: