

Section 4 Health/Medical

F401	Client 12 - Hours Intensive Observation Log (Detox)
F402	Centrally Stored Medication List (Residential and Detox)
F403	Health Questionnaire
F404	TB Screening Questionnaire and Results
F406	Physician Direction Form *
	MD Recommendations/Orders to Client*
	Proof of Pregnancy (Perinatal)
F409	Diagnosis Determination Note *
	Additional Medical Documents

	Indicates there is no standardized form. If information is collected by your program, it would be placed in this position in the client file.
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*Required for Medi-Cal providers only