



## Fast Track Admissions Checklist

1. Is the patient ambulatory and able to perform self-care (activities of daily living)?
2. Does the patient have any open wounds or infectious disease?
3. What is the patient's Height:                      Weight:
4. Has the patient been hospitalized in the past 6 months? If so, why?
5. (Women only) Is the patient pregnant?
6. Does the patient have any cognitive difficulties that would interfere with his/her ability to participate in the treatment milieu?
7. Does the patient have any mental health issues/concerns that would interfere with his/her ability to participate in the treatment milieu (severe mood swings, risk of harm to self or others, psychotic symptoms, etc.)?
8. Does the patient have the financial resources to cover program costs?  
(approximately \$23,000)
9. Who is the contact for any additional needs (follow up, travel arrangements, program information, financial issues, etc.)?  
Name:    Phone:
10. What is the requested date of admission?
11. Any other needs (by patient, family, professionals, referent) requiring follow-up?