

Outpatient Drug Free

## Drug Medi-Cal Admission Physical Examination Waiver

Provider Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Identification #: \_\_\_\_\_

Based on my review of the client's medical history, substance abuse history, and/or most recent physical examination documentation, I am waiving the admission physical examination.

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date Signed

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements to be documented under Title 22, California Code of Regulations, Section 51341.1(h)(1)(A)(iii). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this form.