

NEW BEGINNINGS  
40 North 25<sup>th</sup> Avenue  
St. Cloud, MN 56303  
(320) 255-1252

**PHYSICIANS STATEMENT**

\_\_\_\_\_ has applied for residence at New Beginnings, licensed by the State of Minnesota, residential program. The following information is needed to process the potential resident's application. Please complete the necessary information and return this form to New Beginnings at your earliest convenience. Thank you.

\_\_\_\_\_ has undergone a physical and has been found to be pregnant. Her approximate due date is \_\_\_\_\_.

Date pregnancy was confirmed \_\_\_\_\_

Patient is free of communicable diseases \_\_\_\_\_ Yes \_\_\_\_\_ No.

Complications with pregnancy: \_\_\_\_\_

Is bedrest necessary/required? \_\_\_\_\_

Other areas of concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_ Attached \_\_\_\_\_ Unnecessary

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Name and City

Please return form to New Beginnings, 40 North 25<sup>th</sup> Avenue, St. Cloud, MN 56303 Fax: 320-255-1253

02/2009