

**Project New Hope Canada Inc.
Family Retreat Medical Form**

****All information will be kept confidential before, during and after the Retreat****

Participant Name _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Doctor's Name _____ Doctor's Phone _____

Manitoba Health Number _____

Other Insurance Policy _____

Registration Number _____

Emergency Contact Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

General Medical History

Do you currently have a history of:

- 1. Respiratory Problems Yes _____ No _____
- 2. Asthma Yes _____ No _____

If so, what triggers attack? Last episode? Any other pertinent information?

- 3. Gastrointestinal disturbances Yes _____ No _____
- 4. Diabetes Yes _____ No _____
- 5. Blood disorders Yes _____ No _____

If so, what are the specifics?

- 6. Neurological problems Yes _____ No _____
- 7. Seizures Yes _____ No _____
- 8. Dizziness, fainting Yes _____ No _____
- 9. Migraines Yes _____ No _____

If so, describe frequency, date of last episode and severity.

10. Disorders of urinary tract Yes _____ No _____
11. Hypertension Yes _____ No _____
12. Cardiac Problems Yes _____ No _____

If so, include specifics.

Questions 13 and 14 are for female participants only.

13. Treatment for menstrual cramps Yes _____ No _____
14. Pregnant Yes _____ No _____

If so, include specifics.

In the past three years do you have a history of:

15. Fractures Yes _____ No _____
16. Sprains Yes _____ No _____
17. Other joint or muscle injury Yes _____ No _____

If so, include specifics including injury location on body, when it occurred, was surgery required, special considerations.

15. Food allergies Yes _____ No _____
16. Dietary restrictions Yes _____ No _____
17. Environmental Allergies Yes _____ No _____

If so, include allergies to food and food intolerances, specifics including triggers, reactions and treatment

Medications

18. Do you plan to take prescription or nonprescription medications during the program? Yes _____ No _____

