Campbell River Beacon Club
Applicant / Member Medical Information
2023

Name: _____ **Birthdate**: _____

Care Card # (PHN – Personal Health Number): _____

Emergency Contact Person: _____ Phone #'s: _____

Relationship to you:_____ _____

Mental Health worker(s): *(Please Print)* _____ ☐ A.C.T. Team or ☐ M.H.W.

Do you have:

Hearing problems? ☐ Yes ☐ No Do you wear hearing aid(s)? ☐ L ☐ R ☐ Both

Vision problems? ☐ Yes ☐ No Do you wear glasses or contacts? ☐ Yes ☐ No

Swallowing or choking challenges? ☐ Yes ☐ No Please explain: _____

_____

_____

Mobility challenges? ☐ Yes ☐ No Please explain: _____

_____

_____

Mental Health and Other Relevant Diagnosis: *Please check all that apply to you.*

- ☐ ADHD
- ☐ Anti-Social Personality Disorder
- ☐ General Anxiety Disorder
- ☐ Autism/Spectrum Disorder
- ☐ Bi-Polar
- ☐ Borderline Personality Disorder
- ☐ Depression
- ☐ Dissociative Identity Disorder
- ☐ Eating Disorders
- ☐ FAS/FASD
- ☐ Intellectual Development Delays/Challenges
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Panic Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Psychosis
- ☐ Schizoaffective Disorder
- ☐ Schizophrenia
- ☐ Social Anxiety Disorder

ADDICTIONS

Are you currently self-medicating? ☐ No ☐ Yes

- ☐ Alcohol
- ☐ Illegal drugs Explain:
- ☐ Other: _____
- ☐ Pot in any form

Have you had a problem with addiction in the past/are you in recovery? ☐ No ☐ Yes

- ☐ Alcohol
- ☐ Illegal drugs Explain:
- ☐ Other: _____
- ☐ Pot in any form

How long since you have self-medicated? _____

OTHER SERIOUS MEDICAL ISSUES

- ☐ Allergies: What are they: _____
- ☐ Anaphylaxis (Life threatening allergies): To what? _____

  Do you carry an epipen with you? ☐ No ☐ Yes

  Where do you keep it? _____
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Heart Condition
- ☐ Other: _____

What instructions should we follow should you have an adverse event related to these?

MEDICATIONS

Please list all medications you are currently taking (and their dosages), including those prescribed by your doctor and/or psychiatrist, over the counter drugs (e.g. for allergies or heartburn) and/or vitamins and supplements. Attach extra page(s) if necessary.

You may provide a copy of your medication print out instead of writing out your prescriptions.

Drug	Dosage	Drug	Dosage