Client full name

Date of birth

Medical history

Please answer the following questions on your past and present medical history by ticking **Yes** or **No**.

	Yes	No
Have you ever had or do you currently have:		
Asthma, or wheezing with breathing, or wheezing with exercise?	☐	☐
Frequent or severe attacks of hayfever or allergy?	☐	☐
Frequent colds, sinusitis or bronchitis?	☐	☐
Any form of lung disease?	☐	☐
Pneumothorax (collapsed lung)?	☐	☐
Other chest disease or chest surgery?	☐	☐
Behavioural health, mental or psychological problems (diagnosis of mental illness, treated for depression/anxiety etc)?	☐	☐
Epilepsy, seizures, convulsions, or take medications to prevent them?	☐	☐
Recurring complicated migraine headaches or take medications to prevent them?	☐	☐
Blackouts or fainting (full/partial loss of consciousness)?	☐	☐
Frequent or severe suffering from motion sickness (seasick, carsick)?	☐	☐
Dysentery or dehydration requiring medical intervention?	☐	☐
Head injury with loss of consciousness in the past five years?	☐	☐
Recurrent back problems?	☐	☐
Back or spinal surgery?	☐	☐
Diabetes?	☐	☐
Back, arm or leg problems following surgery, injury or fracture?	☐	☐
High blood pressure, or take medicine to control blood pressure?	☐	☐
Heart disease?	☐	☐
Heart attack?	☐	☐
Angina, heart surgery or blood vessel surgery?	☐	☐
Raised cholesterol level?	☐	☐
Bleeding or other blood disorders?	☐	☐
Hernia?	☐	☐
Ulcers or ulcer surgery?	☐	☐

	Yes	No
Do you currently smoke tobacco?	☐	☐
Could you be pregnant, or are you attempting to become pregnant?	☐	☐
Do you have any allergies? *(Please specify below)*	☐	☐

Please tell us about your mobility and fitness:

Are you able to perform moderate exercise (for example walking 1.6 km/one mile within 12 minutes)?	☐	☐
Do you require any walking aids?	☐	☐
Are you able to climb a flight of stairs?	☐	☐
Are you able to take a bath without assistance?	☐	☐
Are you able to take a shower without assistance?	☐	☐

You are applying to Ledgehill Treatment and Recovery Centre to participate in a holistic residential addictions treatment program. The program entails moderate daily physical activity, therapy and psychoeducational programming. We require that all participants be effectively medically managed for all physical and mental health conditions prior to attending the LTRC Program. If it is necessary for you to receive medical consultation or treatment whilst attending LTRC the costs incurred must be met by yourself or financial sponsor.

Prescribed medications

Please indicate all currently prescribed medications, the doses and the frequency of administration:

Please ensure that you bring an adequate supply of medications for the duration of your stay at Ledgehill.

Please tell us anything else you feel we should know

Client Medical Statement

I have no medical conditions that are unmanaged or contra-indicatory to residential addictions treatment.

Signed Date

Name