

## Participant Medical Form

To be completed by a General Practitioner, Psychiatrist, or Psychologist

Client First Name			
Client Surname		D.O.B	
<p>Out Doors is a mental health organisation delivering a range of adventure, recreation and respite programs to people with a mental illness. Participants are involved in activities such as bushwalking, bike riding, swimming, rock climbing, surfing and camping, depending on their needs and interests. It is a requirement that this form be completed by a relevant professional with access to accurate, up to date medical information for the abovementioned participant. This medical form is to be used for risk management and in emergency situations. Please contact <a href="tel:94172111">9417 2111</a> for more information.</p>			
Relevant Medical Details			
Condition	Severity/Regularity	Triggers/Aggravators	Management
<b>Mental Illness / Other Disabilities</b>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		If SEVERE please attach Management Strategy.
<input type="checkbox"/> Seizures	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
<b>Allergies / Dietary Requirements</b>	<input type="checkbox"/> Anaphylaxis	Other:	
Current Medication			
Name of Medication (e.g., Risperidone)	Dosage (e.g., 5mg)	Frequency / Timing (e.g., 3 per day, one after each meal)	Purpose (e.g., Anti-psychotic)
<b>Assistance required with medication?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, give details</b>			
<b>Form completed by</b>		Role	
<b>Signed</b>		Date	