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[www.journeysofthespirit.com](http://www.journeysofthespirit.com)

**STATEMENT OF PSYCHOLOGICAL AND HEALTH CONDITION**  
**All information provided on this form is kept confidential.**

Name:  Age:  Sex:    M    F  Telephone:
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- 1- Please list any physical disabilities, allergies, conditions, past injuries or any limitations that could limit your participation on the journey:
  
  
  
  
  
  
  
  
  
  
- 2- What medications are you taking or will you take during the journey? Please list any precautions and side effects.
  
  
  
  
  
  
  
  
  
  
- 3- Have you been diagnosed with depression, schizophrenia, bi-polar disorder, epilepsy or any other psychological conditions?
  
  
  
  
  
  
  
  
  
  
- 4- Do you have a history of sexual or physical abuse? Do you have a history of substance abuse? Do you have a history of suicidal tendencies or a suicide attempt?

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