

Sheri A. Rosenthal DPM, Inc
6245 Vista Verde Drive West
Gulfport, FL 33707
727-421-0849 phone
www.journeysofthespirit.com

STATEMENT OF PSYCHOLOGICAL AND HEALTH CONDITION

All information provided on this form is kept confidential.

Name:

Age:

Sex: M F

Telephone:

- 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?

(continued on next page)

- 5- I declare this statement is correct to the best of my knowledge. I hereby grant permission to the medical personnel, selected by the journey guides, to review my personal records or to contact the appropriate physician, psychiatrist, health professional or psychologist to obtain additional information on the conditions noted.
- 6- I hereby grant permission to the medical personnel, selected by the journey guides to order x-rays, routine tests and treatment for me in the event the emergency contact cannot be reached.
- 7- I hereby grant permission to the physician selected by Linda Jacobson and representatives to hospitalize, secure proper treatment for, and order injections and/or anesthesia for, and/or surgery for me - if I am unable to speak or make the decision for myself.
- 8- I agree to adhere to the decision by Sheri A. Rosenthal, DPM and representatives regarding the suitability of my participation in the excursion.

Please initial after each item and then sign below:

Participant's signature

Date

