

Health Information

Height

Weight

BMI (office use only)

Please list current medication/supplements

Current medical conditions/physical symptoms

Have you been hospitalized in the last three months? If so, what for?

Are you on any special diet or allergies, if so describe? _____

Please circle yes or no if any of the current apply. If yes, explain.

Y or N - Food/drug allergies _____

Y or N - Difficulty breathing _____

Y or N - Open wounds, lesions or sores _____

Y or N - Oxygen dependency _____

How often/what type of exercise do you participate in each week? _____

Do you have any issues with any of the following?

Y or N - Mobility (walking, sitting, standing, lying down)

Y or N - Showering on your own

Y or N - Dressing and grooming on your own

Y or N - Using the restroom on your own

If so, please describe in what way _____

Y or N - Do you consume caffeine in beverages or other forms?

Y or N - Do you use any narcotic drugs for pain?

Y or N - Do you consume alcoholic beverages?

Y or N - Do you use tobacco/e-cigarettes/vapes?

Y or N - Do you use illicit drugs?

How would you describe your emotional well-being? _____

Have you received a mental health diagnosis? Yes or No If yes, for what? _____

Do you or have you had feelings of hurting yourself or somebody else? If so, please explain _____

What is your general state of wellbeing? _____

How many hours of sleep do you usually get per night? _____

How much water do you drink each day? _____

Is there anything else you would like to share that might be helpful? _____

Emotional Freedom Retreat Guest Agreement

The guest is aware that Sunset Lake Camp is an educational facility during your stay in October 6 thru 13, 2024, and not a treatment facility. The staff will support physician contact if there are any changes in medical needs.

The guest is committed to supporting their stay at Sunset Lake Camp to the degree that they are able, yet services are not denied based on finances. The donation will be received at the conclusion of services.

The guest agrees to participate in the scheduled program of exercise, education and food labs.

The guest agrees to not bring or use alcoholic beverages, cigarettes, tobacco products, marijuana, methamphetamines, cocaine or other such mind-altering chemicals during their time at Sunset Lake.

If the guest does not adequately participate in the program or brings/uses the above banned substances, Sunset Lake will assume the guest cannot benefit from the program and will be asked to leave.

The information provided during the Lifestyle Retreat is for informational purposes only. Your health information is kept confidential in accordance with applicable law. Nurses and other representatives from the Lifestyle retreat will not diagnose problems or prescribe treatment. All decisions about medications, health, and wellness care is between you and your health care provider.

Guest signature _____ Date _____

Print name _____

Send this application back to Elida.Jerez@wc.npuc.org
For more information call Elida Jerez at 253-250-1646