Support Department – Healing Retreat Interview

EMERGENCY INFORMATION

Name: _____

Care Card # _____

Doctor's Name _____ **Doctor's Phone** _____

Emergency Contact Person: (1) **Name**: _____ (2) **Relationship** _____

(3) **Address** _____

(4) **Phone** _____/_____/_____
home work cell

Do you have any **serious allergies** (medications, foods, environmental, insect bites etc...) Yes / No

If yes, describe: _____

If your allergy requires medicine or medical attention, how do you take care of yourself? _____

Has emergency medical attention ever been required for an allergy? Yes / No

List all **HIV medications** and dosages you are currently taking.

Medication	Dosage/Frequency	Medication	Dosage/Frequency

Are there any **medical conditions other than HIV** (*physical, mental & emotional*), we should be aware of in case of an emergency? (Some examples are; asthma, diabetes, heart disease, bipolar, depression, hepatitis, etc.) **Yes / No**

If yes, describe: _____

List all prescription medications and dosages you are currently taking. **This information is critical in the event that emergency medical attention is necessary. DO NOT LEAVE ANYTHING OUT.**

Medication	Dosage/Frequency	Medication	Dosage/Frequency

Do you have any **past injuries** that we need to be aware of with regards to participating in outdoor activities? Yes / No

If yes, describe: _____