



Lifespan Respite
THE SOCIAL CLUB
 A Program of The Arc Jackson County
Participant (Adult) Health Information

Lifespan Respite
 2860 State Street
 Medford, Oregon 97504
 Phone (541)821-8764 Fax (541) 776-6215



To be completed by the participant's physician. This completed Medical form is **required** for participation in the Respite Program.

Participant's Name:	Birthdate:
Guardian/Spouse's Name:	Age: Sex:
Primary Diagnosis:	
Secondary Diagnosis:	
Specific precautions that should be taken:	Insurance Company:
Medications:	Policy Number:
Precautions:	

	YES	NO	Device	Comments
Auditory Impairment _____				
Visual Impairment _____				
Wear Dentures _____				
Substance Abuse Problems? _____				
Motor Impairments _____				
Allergy to the following (list specific)				
a) Medicine _____				
b) Foods _____				
c) Insect Sting/Bite _____				
Special Diet _____				
a) Diabetes? ___ Yes ___ No _____				
Other impairments _____				

Is there a history of falls? ___ Yes ___ No if Yes, how recently and were there injuries _____

Are there restrictions regarding physical activities? ___ yes ___ no
 If yes, please describe in detail _____

May participant engage in non-strenuous exercising? ___ yes ___ no
 Date of most recent examination _____

Physician's signature: _____ Date: _____

Please print:

Physician's Name	Address
City/State/Zip	Phone