



Cancer Survivor Medical History Form

Background History for the Medical Professional

True North Treks (TNT) courses are backcountry wilderness expeditions for young adult cancer survivors and their caregivers, and can last upwards of 1 week. TNT courses are currently only offered during summer and fall months; however, participants could still be faced with challenging weather conditions including storms, high winds, intense sunlight and insects. Physical demands on the applicant may include carrying a backpack weighing upwards of 40 pounds over uneven terrain, ascending and descending steep surfaces, and/or canoeing in rivers with strong currents. Elevations for some courses range from sea level to 10,000 feet. Participants will sleep outdoors in tents and protected shelters and will spend the majority of days hiking, backpacking and/or canoeing. They will set up their own camp and prepare their own meals. Because some TNT participants may be immunocompromised, appropriate water purification methods (e.g., boiling, filters) will be used to prevent cryptosporidium.

The current medical status and health history of our applicants can add to the potential for adverse health reactions. Although trek leaders are trained as wilderness first responders, have established contacts with local medical personnel and utilize satellite phones for medical evacuation purposes, because TNT operates in remote areas, such evacuation to modern medical facilities could potentially be delayed depending on the circumstances. That said, participant safety is our first priority, and everything will be done to assure the safety, health and well-being of TNT participants. Members of our medical team represent disciplines of medical oncology, nursing, integrative medicine, emergency medicine, social work and clinical psychology. All applications are reviewed by one or more members of this team prior to acceptance.

TNT is not a correctional, behavioral or rehabilitation program and is not a place to quit smoking, drinking or drugs or to work through behavioral or psychological problems. We ask that participants refrain from tobacco use, substance use or unsafe behaviors or they will risk expulsion from the trek at their own expense. Prior physical conditioning and an enthusiastic mental attitude are prerequisites. Each participant is expected to take good care of him or herself.

In the interest of the personal safety of both the applicant and the other trek members, please consider the questions carefully when completing the health form. If we have any question on the applicant's capacity to successfully complete the course we will call him or her to discuss it.

****THIS FORM MAY BE COMPLETED AND SUBMITTED ELECTRONICALLY USING THE ONLINE FORM BELOW (OUR SERVER USES A 128-BIT ENCRYPTED SSL CONNECTION) OR THIS PAGE MAY BE PRINTED AND SCANNED/EMAILED TO THE ATTENTION OF: GWEN VICTORSON (GWENVICTORSON@TRUENORTHTREKS.ORG (mailto:GWENVICTORSON@TRUENORTHTREKS.ORG)).****

Name of Applicant

Name *

First

Last

Birth Date (mm-dd-yyyy)*

Name of Medical Professional Who Completed This Form

Name *

First

Last

Profession/Discipline *

Phone Number *

- -

Email *

Applicant's Cancer History

What was the primary site of the cancer? *

If Other Please Describe

Date of Diagnosis *

- -

Did the cancer spread to other parts of the body? *

- Yes
- No

If Yes, Please Describe

Was there a cancer recurrence? *

- Yes
- No

If Yes, Date & Location of Last Recurrence

Is the applicant currently in remission? *

- Yes
- No

Applicant's Cancer Treatment History

Did the applicant ever have surgery? *

- Yes
- No

If yes, please indicate the type & dates of all surgeries

If yes, is the applicant currently undergoing any treatments or have any complications from surgery? Please describe.

Did the applicant receive chemotherapy? *

- Yes
- No

If yes, please list chemotherapy medications

If yes, please list date of last chemotherapy

- -

Is the applicant currently taking any

myelosuppressive preventative therapy? *

Yes

No

If yes, please describe

Is the applicant currently undergoing any treatments for and/or bothered by any complications related to chemotherapy? *

Yes

No

If yes please describe

Date of Last Laboratory Evaluation? *

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Most recent hemoglobin > 8.0? *

Yes

No

Most recent absolute neutrophil count >0.5? *

Yes

No

Most recent platelet count > 50? *

Yes

No

Did the applicant receive radiation therapy? *

Yes

No

Please list location of radiation therapy

Date of last radiation therapy

 - -

Is the applicant currently undergoing any treatments for and/or bothered by any complications related to radiation therapy? *

Yes

No

If yes please describe

Did the applicant receive any stem cell therapy or bone marrow transplant? *

Yes

No

If yes, date of last therapy or transplant

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Is the applicant currently undergoing any treatments for and/or bothered by any complications related to

therapy/transplant? *

Yes

No

If yes, please describe

General Medical History

Please indicate whether the applicant has any of the following?

None of the below/No Medical Issues

Respiratory problems (e.g. asthma)

Cardiac problems

Gastrointestinal problems

Genitourinary problems

Neurological problems, including seizures/migraines

Auditory or visual problems

Joint problems

Significant physical weakness of extremities or history of limb amputation

History of hypertension

History of diabetes

History of bleeding/coagulation disorders, DVT or PE

History of acute mountain sickness, high altitude pulmonary/cerebral edema

If yes to any of these, please describe. For example, depending on the issue:

1. Is it currently well controlled on medications?

2. Are there any potential triggers or complications?

3. What was the last episode & frequency of episodes?

4. Has the applicant ever had related hospitalizations?

5. If history of seizures, is the applicant currently on any anti-seizure medication? Is seizure activity well controlled? What was the date and frequency of last seizure activity?

6. If history of bleeding, is the applicant currently on any blood thinning medication, and if so, please describe the anticoagulation plan for course duration.

Comments

Does the applicant have a smoking history? *

Yes

No

Does the applicant have any history of substance abuse? *

Yes

No

Does the applicant have any physical, cognitive, sensory or emotional conditions that could interfere with his/her ability to participate in this program? *

Yes

No

If yes, currently smoking? Number of years & packs per day? If quit, date and pack per day history.

If yes, please describe

If yes, please describe

Allergies & Medications

Does the applicant have any allergies to medications, insects, bees, other? *

- Yes
- No

If yes, please list allergies, describe reaction & whether the applicant carries an epi-pen.

Current Medications (including non prescription).
List: Dose, Frequency, Method of administration, & Reason for use *

Physical Exam (within the past year)

If any of the following are abnormal, please describe:

Vitals

Height *

Heart Rate *

Oxygen Saturation *

Weight *

Blood Pressure *

Medical

Appearance *

- Normal
- Abnormal

Head/Ears/Eyes/Nose/Throat *

- Normal
- Abnormal

Respiratory *

- Normal
- Abnormal

Cardiovascular *

- Normal
- Abnormal

Abdomen *

- Normal
- Abnormal

Lymphatic *

- Normal
- Abnormal

Genitourinary *

- Normal
- Abnormal

Musculoskeletal *

- Normal
- Abnormal

If any of the above are abnormal please describe:

SUBMIT

GET CONNECTED!

TRUE NORTH TREKS is a 501(c)3 nonprofit organization that harnesses the big medicine of nature, peer support, and mindful awareness practices to help teens & young adults diagnosed with cancer get **connected** again after the **disconnecting** experience of cancer.

FIND YOUR TRUE NORTH!

Our participants go on free backpacking & canoeing treks to remote and beautiful backcountry wilderness destinations where they connect with nature (after going through something as *unnatural* as cancer treatment), connect with others who've been through something similar, and connect with themselves through mindfulness meditation & yoga.

BACK TO TOP

(<http://www.truenorthtreks.org>)