



Caregiver Medical History Form

Caregivers may complete the following medical information about themselves to alert TNT staff of any previous medical history. It is not necessary to have a medical provider complete and send these forms on your behalf unless we have any questions or concerns.

****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 Caregiver *

First

Last

Age *

Caregiver Email *

Name of Cancer Survivor Applicant with Whom You're Applying *

First

Last

General Medical History

Please indicate whether you have any of the following?

- 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
- History of cancer

If yes to any of these, please describe. For example, is the problem or issue well controlled on medications? Are there any potential triggers or complications? Have there ever been any hospitalizations related to the problem or issue?

Comments

Do you have a smoking history? *

Yes

No

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

Do you have any history of substance abuse? *

Yes

No

If yes, please describe

Do you have any physical, cognitive, sensory or emotional conditions that could interfere with your ability to participate in this program? *

Yes

No

If yes, please describe

Allergies & Medications

Do you have any allergies to medications, insects, bees, other? *

Yes

No

If yes, please list allergies, describe reaction & whether you carry an epi-pen.

Current Medications (including non prescription).

List: Dose, Frequency, Method of administration, & Reason for use *

Most Recent Physical Exam

Please provide any information that you can for the following areas. If any is impaired or abnormal, please describe:

Height, Weight, Blood Pressure *

Please describe any current issues or problems with the following: Head/Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulse, Lungs, Abdomen, Skin, Genitourinary, Musculoskeletal) *

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>)