



CAMPER HEALTH HISTORY

Please complete all requested information in the sections below. **Each camp participant** is asked to complete a health history form. This **does NOT** need to be completed by a doctor.

The **HEALTH HISTORY** is required for each camp participant-stroke survivors, caregivers, and family members. All information being collected for the Stroke Retreat is solely to be used in the event of a medical emergency. All information will be kept secured during the event and after the event all forms will be destroyed or returned.

NAME: _____ DOB: _____ M F

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN NAME: _____ PHONE _____

WHO TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE # _____

HEALTH HISTORY

Is this camper currently prone to any of the following illness or conditions? Mark all that apply.

Allergies

- Hay Fever
- Insect stings
- Poison Ivy
- Foods
- Drugs
- Other _____
- Other _____

Reaction

- _____
- _____
- _____
- _____
- _____
- _____

Health Problems

- Heart Disease
- High Blood Pressure
- Diabetes
- A-fib/Arrhythmia
- Seizures/convulsions
- Asthma
- Other _____

Other:

- Special Diet
- Blood Thinners
- Depression
- Emotional concerns
- Wheelchair
- Walker/cane
- Urinary catheter
- Aphasia

Any restrictions or pertinent information for the camp staff:

List of medications and dosage: Use back if more space is necessary

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____
- 7) _____ 8) _____
- 9) _____ 10) _____
- 11) _____ 12) _____
- 13) _____ 14) _____

Signature _____ Date: _____

(The information listed above is correct to the best of my knowledge)

Mail this form at least two weeks prior to your camp, or bring completed form to camp.
Stroke Camp
2000 W. Pioneer Pkwy Ste 16
Peoria, IL 61615