

Cascade Adventure Guides

Medical History & Emergency Contact

Note: It is **very** important that we understand ALL medical history & status. Though certain medical conditions may exist, they do **not** necessarily preclude you from joining in on an Adventure.

Name (print) _____
Date of birth _____
Today's date _____

GENERAL MEDICAL HISTORY

Do you (or your minor) currently have or do you have a history of: (note: **every line must be answered**)

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | 1. Respiratory problems |
| ___ | ___ | 2. Asthma |
| ___ | ___ | 3. Gastrointestinal disturbances |
| ___ | ___ | 4. Diabetes |
| ___ | ___ | 5. Hypertension |
| ___ | ___ | 6. Bleeding or blood disorders |
| ___ | ___ | 7. Hepatitis or other liver disease |
| ___ | ___ | 8. Neurological problems or Epilepsy |
| ___ | ___ | 9. Seizures |
| ___ | ___ | 10. Dizziness or fainting episodes |
| ___ | ___ | 11. Treatment or medication for menstrual cramps |
| ___ | ___ | 12. Disorder of the urinary or reproductive tract |
| ___ | ___ | 13. Other diseases not noted? |
| ___ | ___ | 14. Have you had cardiac problems? |
| ___ | ___ | 15. Do you see a Medical specialist of any kind? |
| ___ | ___ | 16. Are you currently or have you been in the last two years, in treatment of counseling with a mental health professional? |
| ___ | ___ | 17. Migraines? Are migraines debilitating? Yes / No |
| ___ | ___ | 18. Have you ever been hospitalized over night? |
| ___ | ___ | 19. Have you had any surgeries? |
| ___ | ___ | 20. Have you ever had chest pain, dizziness, fainting, or passed out during or after exercise? |
| ___ | ___ | 21. Have any close relatives had heart problems, heart attack, or sudden death before they were 50? |
| ___ | ___ | 22. Do you have any skin problems? |
| ___ | ___ | 23. Do you have frequent headaches? |
| ___ | ___ | 24. Have you ever had a "singer" or a pinched nerve? |
| ___ | ___ | 25. Do you wear eye glasses or contact lenses? |
| ___ | ___ | 26. Do you wear any dental appliances such as braces, bridge, plate retainer? |
| ___ | ___ | 27. Must you use special equipment or prosthetics to get around? _____ |
| ___ | ___ | 28. Are you pregnant? |

Please explain all "yes" answers:

MUSCLE / SKELETAL INJURIES

Do you (or your minor) have or do you have a history of:

- | | | |
|-----|-----|--|
| ___ | ___ | 29. Knee, hip, ankle, shoulder, arm or back injuries (including operations & multiple sprains) |
| ___ | ___ | 30. Head or neck injuries |
| ___ | ___ | 31. Joint injuries (any joints not mentioned in #29) |

Please explain all "yes" answers:

ALLERGIES AND MEDICATIONS

Yes No

- ___ ___ 32. Any allergies? Insect bites? Bee stings? If yes, do you have an epi-pen? Yes / No
- ___ ___ 33. Medication allergies: _____
- ___ ___ 34. Are you currently taking medications?
- ___ ___ 35. Do you have sun allergies?
- ___ ___ 36. Are you allergic to any foods?

Medication (incl epi pen, insulin, etc.)	Dosage	Side effects / Restrictions

___ ___ 37. History of heat stroke or other heat related illness?
 Explain: _____

___ ___ 38. If asthma is a problem, is it well controlled with an inhaler?
 What triggers an asthma attack? _____

___ ___ 39. Diabetes? Is the disease well controlled? Are there any physical restrictions?
 Explain: _____

Please explain any other pertinent medical history: _____

The information above is complete and accurate to the best of my knowledge. I realize that failure to disclose such information could result in harm or danger to me (or my minor) as well as possibly others. I agree to inform Cascade Adventure Guides as soon as possible should there be any change in my (or my minor's) health / medical status.

Date _____ Participant Signature _____

Must be signed by parent or legal guardian if Participant is a minor under 18 years of age.

Date _____ Parent or Legal Guardian _____

Emergency Contact:

Name: _____ **Relation:** _____

Best phone number to reach them: _____

2nd way to reach them: _____

Contact's address: _____

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