



PARTICIPANT APPLICATION

TRANSFORMING LIVES & RENEWING THE INNER YOU

PERSONAL HISTORY

General Health

- Excellent
- Very Good
- Fair
- Poor

If you have experienced Domestic Violence, when did it occur?

- W** Within the past 3 months
- 3 months - 6 months ago
- 6 months - 1 year ago
- More than a year ago

How long have you experienced homelessness ? _____

MEDICAL HISTORY

YES NO

1. How many times have you been to the emergency room in the past three months? _____
2. How many times have you been hospitalized as an inpatient in the past year? _____
3. Do you currently have, have you ever had, or has healthcare provider ever told you that you have any of the following medical conditions?
 - a. Kidney disease / End Stage Renal Disease or Dialysis
 - b. History Of Frostbite, Hypothermia, or Immersion Foot
 - c. History Of Heat Stroke / Heat Exhaustion
 - d. Liver Disease, Cirrhosis or End Stage Liver Disease
 - e. High Blood Pressure, Heart Disease, Arrhythmia or Irregular Heartbeat
 - f. HIV + AIDS
 - g. Emphysema, Epilepsy and Seizure Disorder
 - h. Diabetes
 - i. Asthma
 - j. Cancer
 - k. Hepatitis A, B or C
 - l. Tuberculosis
4. Do you smoke or do you have history of using tobacco?
5. Have you ever abused drugs / alcohol or been told you do?
6. Have you consumed alcohol everyday in the past month?
7. Have you ever used injection drugs or shots?
8. Have you ever been treated for drug or alcohol abuse?
9. Are you currently or have you ever received treatment for mental health issues?
10. Have you ever been taken to the hospital against your will for mental health reasons?
11. Have you ever been a victim of a violent attack since you've become homeless?
12. Do you have a physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)
13. Have you had a serious brain injury or trauma that required hospitalization or surgery?

Signature : _____

Date: _____