



ADULT & TEEN CHALLENGE SOCIETY OF BC

PHYSICAL SELF-DISCLOSURE EXAM

Special Note to Physician: The individual below has applied to the residential program of A&TCSBC, which helps people 19+ recover from addiction while living in a group-style setting. Each applicant is encouraged to find out where their current health is at prior to entering this program.

First Name:	Middle:	Last:
Current Address:		Phone Number:
City/Town:	Postal Code:	Date of Birth:
Do you have a Provincial Health Card?		

1. Medications currently prescribed and reason for their use: _____

2. Does the applicant suffer from any of the following:
Diabetes Yes No **Asthma** Yes No **High Blood Pressure** Yes No **Heart Problems** Yes No
 If yes, please explain: _____
3. Does the applicant have any physical limitations that would limit them from doing normal physical labour? Yes No
4. Does the applicant currently suffer from any of the following mental illnesses?
Schizophrenia Yes No **Bi-Polar** Yes No **ADD** Yes No **Other?** _____
 If yes, please explain: _____
5. General appearance and development (include signs of drug abuse):

Ears	Hearing	Eyes	Vision without glasses	Vision with glasses
L R	L R	L R	L R	L R
Nose	Neck/Thyroid	Throat	Mouth/Teeth	Cardiac
Abdomen	Breast	Genitalia	Hernia	Muscular/Skeletal

Suggested Lab Work: STD Testing

Please note the Adult & Teen Challenge Society of BC is here to assist you in your recovery process

Lice	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Other Communicable Disease	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Tuberculosis	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Female Applicant: Pregnancy Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

I, _____, hereby grant permission for my transcripts to be faxed directly to the applicable Adult & Teen Challenge Society of BC Intake Office
 (Applicant)

Abbotsford Women's Centre
604.425.0665

Chilliwack Men's Centre
604.575.3903

Okanagan Men's Centre
250.766.5079

Applicant's Signature: _____

Date: _____