

Fax completed form:

Chilliwack Men's Centre 604.575.3903 | Okanagan Men's Centre 250.766.5079 | Patricia Hope House 604.425.0665



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?		

- Medications currently prescribed and reason for their use:

- 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: _____
- Does the applicant have any physical limitations that would limit them from doing normal physical labour? Yes No
- 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: _____
- General appearance and development (include signs of drug abuse): _____

Ears L R	Hearing L R	Eyes L R	Vision without glasses L R	Vision with glasses 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
(Applicant) Adult & Teen Challenge Society of BC Intake Office

Applicant's Signature: _____ **Date:** _____