



The West Virginia Institute for Spirituality

MEDICAL INFORMATION

Please supply the information requested in the 2 sections below.

Name of Applicant: _____

Height _____ Weight _____

1. **General Health:** Please indicate below any

- a) Significant impairment or disability (e.g., sight, hearing, etc.);
- b) Conditions requiring prescription medication or special dietary needs (e.g., diabetes, epilepsy, hypertension, etc.)
- c) Conditions requiring periodic supervision of a physician while here at the center.

d) Allergies to drugs/medication. Specify _____

e) If you have been prescribed any mood-altering medications, please describe very briefly the effects of use.

f) Received Covid 19 Vaccination? Yes/No _____ Date(s) _____

2. **Treatment:**

a) Recent Hospitalization? Yes/No _____ If yes, when and for what reason? _____

b) Have you received treatment addictions? Yes/No _____ If yes, when? Dates: _____

Signed: _____
(Applicant)

Date: _____

Telephone (_____) _____

Please mail to: (mark envelope "Confidential")

Sr. Carole Riley, CDP, Ph.D.

WVIS Executive Director

The West Virginia Institute of Spirituality

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