

Medication Questionnaire

To the applicant: Please fill out the information on the first page and forward this questionnaire to your prescribing physician/psychiatrist. Return with your enrollment materials or have the Health Care Professional return them directly to **admissions@hiobs.org** or fax: **888-695-1417**. Outward Bound requires medication to be brought in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply.

Activities: (Please indicate all that apply)

<input type="checkbox"/> Backpacking	<input type="checkbox"/> Solo (for _____ days)
<input type="checkbox"/> Canoeing & Portaging	<input type="checkbox"/> Running
<input type="checkbox"/> Whitewater Canoeing	<input type="checkbox"/> Swimming
<input type="checkbox"/> Sailing & Rowing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Other _____

To the Health Care Professional

Outward Bound is reviewing this applicant for participation in one of our courses. This student has indicated that you are the prescribing health care provider for the medication that is part of their treatment plan. We request your input to determine if an Outward Bound experience is appropriate for your patient at this time.

Outward Bound is an exercise in experiential education during which students are exposed to very challenging physical, mental, and emotional situations that are intended to promote personal growth by helping students to recognize and reach beyond self-imposed limitations.

The classroom is a wilderness setting and may include a variety of activities such as sailing, backpacking, mountain climbing, rock climbing, community service, and a solo experience. The typical group consists of two instructors and 6 to 12 students from diverse backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. Solo is a 3 to 72 hour experience that offers time for introspection, quiet, rest and journal writing. Students are given specific boundaries, a shelter, sleeping bag, water supply and a small amount of food. They are checked daily by instructors and have a means of communicating distress if the need arises.

Outward Bound courses often contain many wonderful high points, but due to an unpredictable wilderness setting, students are often cold, wet, tired, hungry or hot. They may be confronting personal fears (heights, water, being alone, interacting/trusting others) which may create frustration and possible anger while dealing with others within the group who may be experiencing similar emotions. Opportunities exist for processing events through informal group discussions, but we do not endeavor to control the outcomes in any prescribed fashion. As stress is experienced, the potential exists that students may perceive failure or peer rejections.

While our staff are well qualified wilderness instructors, they are not therapists and our courses are not designed to address the behaviors and symptoms that the students' medications are designed to treat, such as depression, anxiety, ADHD etc.

We need to determine that your client's present level of functioning (while on the medication) will not deteriorate significantly when they are exposed to the various stresses of the course.

Your assistance in helping us determine if this applicant is likely to have successful and productive Outward Bound® experience is invaluable. The final acceptance of this applicant to the program is made by Outward Bound® and is contingent upon receiving this information. Thank You.

STATEMENT OF CONFIDENTIALITY: All information provided to Outward Bound will remain confidential and not be released to an outside organization or agency without a written release from your client or their parent/guardian if they are under 18 years old.

Medication Questionnaire (continued)

Student's Name:	Course #:	Course Dates:
Physician's Name:	Physician's Phone Number	Physician Email:

Note: Outward Bound generally requires a **minimum 4 week adjustment period** for starting/stopping treatment with psychotropic medications, followed by an evaluation by the prescribing physician prior to participating. Outward Bound requires medication to be brought in double sets in separate, non-breakable, waterproof containers along with dosage instructions. Exceptions: Lithium and neuroleptic medications require a 3 month adjustment period. Stimulants do not require a time frame.

Name(s) of medication	Dosage(s) and time of day medication should be taken			Date medication started	Stable at this dosage since
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Breakfast ____mg <input type="checkbox"/> Lunch ____mg	<input type="checkbox"/> Dinner ____mg <input type="checkbox"/> Bedtime ____mg	<input type="checkbox"/> PRN ____mg <input type="checkbox"/> Other: _____		

- Have you read page 1 describing Outward Bound and the note above? ☐ No ☐ Yes
- What symptom(s)/behavior(s) are being addressed by the medication?
- How has the medication improved your client's condition?
- Is your client currently stable on the medications? ☐ No ☐ Yes
- Do you recommend that your client attends Outward Bound at this time? ☐ No ☐ Yes
- If you answered "no" on questions 4 or 5, please explain.
- Do you have any reason to believe the medications will stop treating these conditions effectively under the conditions listed on page 1? ☐ No ☐ Yes
- Could abrupt changes in activity level, exposure to sun, sleep patterns, fluid intake, diet, altitudes, or extreme cold or heat decrease the effectiveness of the medication(s) your client is taking? ☐ No ☐ Yes
- Does your client experience any side effects, such as dizziness, dehydration, sun sensitivity or stomach sensitivity? ☐ No ☐ Yes
- If you answered "yes" to any of questions 7, 8 or 9, please describe:
- What do you recommend if a medication becomes lost/damaged and cannot be replaced in less than 72 hours?
- What if your client misses a dose?
- What symptoms would your client experience if his/her medication routine was disrupted by loss on course?

Physician's Signature: _____

Date: _____