

# WILDERNESS VISION QUEST

Facilitated BY Domenic Massa and Robert Pickering

## Medical Form and Personal Profile

The Vision Quest program contains activities that can be physically and emotionally demanding. We will try to accommodate people regardless of physical disability whenever possible, but we must have full disclosure of all physical and mental conditions prior to the course so that we can be prepared and can provide a safe environment for all participating. We require that anyone under the care of a health professional for a current condition consult him/her to make sure that these programs are advisable, and all participants must continue to take any medications prescribed by a doctor for the duration of the program.

All information on these pages is solely for the use of our Vision Quest program. All information will be held in strict confidence and to the extent of the law will not be released to anyone without your prior consent.

### General Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of birth: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

### In case of emergency, please contact:

Name and relationship: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (cell/work): \_\_\_\_\_

Address: \_\_\_\_\_

Back-up emergency contact: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (cell/work): \_\_\_\_\_

Address: \_\_\_\_\_

**Medical History**

Are you under the care of a medical professional for a current condition? If yes, please explain.

---

---

If yes, have you discussed your participation in this program with him/her? \_\_\_\_\_

(We are available to discuss with your doctor any medical needs you might have).

Are you currently taking any medications? If so, please list medication and condition. \_\_\_\_\_

---

If yes, what are the food requirements for your medication?

---

Do you smoke? \_\_\_\_\_

Have you had any major surgery? If so, please list the reason and the date. \_\_\_\_\_

---

Please list all significant accidents and injuries and the approximate dates.

---

---

Have you been hospitalized recently (past 2 years)? If so, please explain.

---

---

List any allergies to medication:

---

List any allergies to foods:

---

List any other allergies: \_\_\_\_\_

List any areas of weakness in your body

---

---

On a scale of 1-10, how would you rate your current physical condition?

---

Check if you have had any history of the following (and circle any that are current):

- |  |   |
|--|---|
| <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Poor circulation             |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Anemia                       |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Dizziness or loss of balance |
| <input type="checkbox"/> Hyper/Hypoglycemia  | <input type="checkbox"/> Back or neck problems        |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Headaches                    |
| <input type="checkbox"/> Arthritis           |   |

Is there any medical condition not listed here that could impact your participation in this program that we should know about? Please describe.

---

---

---

**Psychological Profile**

Are you currently under the care of a mental health professional? If yes, please explain.

---

---

If yes, have you discussed your participation in this program with him/her?

---

Have you ever experienced or been treated for depression? Please explain.

---

---

Are you currently experiencing depression? If so, how severe?

---

---

History of addictions: \_\_\_\_\_

---

---

Do you now or have you ever suffered from any kind of anxiety disorder (i.e. panic attacks, night terrors, phobias, flashbacks, etc.)? If yes, please explain.

---

---

Do you now or have you ever suffered from any type of dissociative disorder?  
If yes, please explain.

---

---

Have you undergone any stressful events in the past two years that have impacted you significantly (i.e. loss of a loved one, divorce, loss of employment, etc.)? Please explain.

---

---

Have you ever been the victim of violence, physical or sexual? If yes, at what age?

---

---

Do you have a current exercise routine/ physical practice? How often? How strenuous?

---

---

**Other Practices / Lifestyle**

These questions are designed to get an idea of who our students are and what unique backgrounds you bring. We celebrate the diversity of the people who come to us. Some of you may have no experience in any of these areas, and that's perfectly fine. No prior experience is

required. This information will give us an idea of the range of experience we will be working with, so we can better support all of you.

How would you describe your current dietary habits (how much caffeine, sugar, meat, junk food, fruits and vegetables, etc. -- be honest!)

---

---

Have you ever fasted? If so, what type of fast and for how long? \_\_\_\_\_

---

Have you ever done a Vision Quest? How many? \_\_\_\_\_

Please list any other intensives, retreats or sacred ceremony work that you've been a part of.

---

---

Are you happy with the direction of your life? Why or why not? \_\_\_\_\_

---

---

How much control do you feel you've had over the direction your life is going?  
Please explain.

---

---

Have you had any significant training, spiritual or otherwise, that you would like us to know about?

---

---

### **Participant Release of Liability**

I affirm that the confidential information, which I have provided, is accurate and complete. I understand that failure to disclose this information could affect my own safety and the safety of those around me, and I agree to hold this Vision Quest program harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of this Vision Quest program may be physically or emotionally demanding. I agree to accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to my person and/or property knowingly and voluntarily, realizing that the Vision Quest protectors will take all reasonable precautions to minimize these risks.

I knowingly, voluntarily, and irrevocably waive any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by this Vision Quest program as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations. I certify that I am physically, mentally and emotionally capable to participate in the program I have applied for despite the rigors and risks inherent in such an undertaking. I acknowledge that the use of video recorders is prohibited.

My signature below indicates my acceptance of these terms and my desire to participate in this Vision Quest program. I also acknowledge that should I cancel, the \$250 deposit is not refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_