



PSYCHOTROPIC MEDICATION QUESTIONNAIRE

Applicant Name: _____ Course Number: _____

Dear Health Care Provider,

Your client is being screened by Outward Bound for participation in one of our programs. The applicant indicated that you are the prescribing health care provider for the medication that is part of their treatment plan. We respectfully request your input as we determine if Outward Bound is appropriate for your client at this time.

Outward Bound is physically challenging, but it is an intense emotional and interpersonal experience as well. Participants are asked to do things they may not believe they are capable of doing. Screening is designed to pre-determine that our program (a) will meet the needs of the individual while supporting individual and group safety and (b) is within the scope of their capabilities.

The classroom may be a wilderness setting. The group consists of two instructors and 6-12 participants, often from diverse backgrounds. Activities may include canoeing, kayaking, backpacking, winter camping, rock climbing, challenge course, community service project and solo*. Skills are taught from a beginner level, and expeditions are conducted in various weather conditions in different environments: ocean, river, mountain, forest, and urban areas. The terrain may be steep, muddy, rocky, heavily wooded, swampy and/or buggy.

The focus of Outward Bound is experiential education. Our goal is to assist each participant to recognize and reach beyond self-imposed limits, and to facilitate the group to move from dependence to independence and cooperation.

There are wonderful “highs” with Outward Bound but, due to the setting, participants may be cold, wet, tired, hungry and hot at times. They may confront personal fears such as heights, water, being alone, and interacting with or trusting others, which may create frustration and possible anger while dealing with others within the group who may be experiencing similar emotions. There will be opportunities for processing events through informal group discussions, but we do not endeavor to control the outcome in any prescribed fashion. As stress is experienced, the potential exists that a student may perceive failure or peer rejection. **While our staff are well-qualified wilderness instructors, they are NOT trained mental health professionals.**

Your assistance in helping us determine that this individual is capable of having a safe and positive Outward Bound experience is invaluable and greatly appreciated. Complete this questionnaire and return it within one week of receipt, **as final acceptance to the program is contingent upon the information contained within this form.**

If you have questions, you may contact me Monday through Friday, 8:30 AM to 5 PM by phone at 321-268-5666 ext. 2178 or email at dcaldwell@ncobs.org or via fax at 888-240-3512

Thank you!

Dee Caldwell

Intake Coordinator/Medical Screener

*Solo is 6-72 hours in duration and offers time for introspection, quiet, rest and journal writing. Students camp alone and are given specific boundaries, a tent/tarp, 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.

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Important 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. If possible, 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.**

CURRENT MEDICATIONS

Medication	Dosage	Dosage Taken Since	Medication Taken Since	Current Side Effects (if any)

1. Have you read page one (1) describing Outward Bound and the “Note” above? Yes No

2. What symptom(s)/behavior(s) are being addressed by the medication(s)?

3. How has the medication(s) improved your client’s condition?

4. Is your client currently stable on their medication(s)? Yes No

5. Do you recommend that your client attends Outward Bound at this time? Yes No
If you answered “No” on questions 4 or 5, please explain.

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6. Do you have any reason to believe the medication(s) will be less effective under the conditions listed on page one (1)? Yes No If yes, please describe.

7. 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?
 Yes No If yes, please describe.

8. Does your client experience any side effects including dizziness, dehydration, sun sensitivity or stomach sensitivity? Yes No If yes, please describe.

9. What do you recommend if a medication becomes lost/damaged and cannot be replaced in less than 72 hours?

10. What if your client misses a dose?

11. What symptoms would your client experience if their medication routine was disrupted by loss on course?

HEALTH CARE PROVIDER INFORMATION

Name: _____ Signature: _____

Discipline: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

May we contact you with questions? Yes No

If "Yes", what is the preferred method of contact? _____

STATEMENT OF CONFIDENTIALITY: All information provided to Outward Bound will remain confidential and not be released to any outside organization or agency without a written release from your client if 18+, or a parent or guardian if under 18.