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## **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 counseling has been provided by you within the past two years and has given us permission to contact you. 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 determine if 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 as they 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. The personal interaction and stress may create frustration and possible anger as participants deal 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 psychotherapists.**

Your assistance in helping us determine if 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 at 800-709-6098 or email [medical@ncobs.org](mailto:medical@ncobs.org). Please return completed form to FAX 828-298-8660 or Mail NCOBS - Student Services, 2582 Riceville Road, Asheville, NC 28805.

Thank you!  
Donna Allison  
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: \_\_\_\_\_ Email: \_\_\_\_\_  
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.