

HARVESTWORKS, INC.
GENERAL MEDICAL EVALUATION
(Please complete and return even if the information has not changed)

Name: _____ Birth date: _____

Sex: _____ Age: _____ Social security: _____

Address: _____

Home phone number: _____ Other number: _____

Primary contact: _____

Address: _____

Home phone: _____ Work phone: _____

Emergency contact: _____ Relationship: _____

Home phone: _____ Work phone: _____

HEALTH HISTORY: please indicate if you have been treated for any of the following conditions:

FREQUENT INFECTIONS: _____

HEART DEFECT/DISEASE: _____

SEIZURES: _____

DIABETES: _____

BLEEDING DISORDER: _____

HEPATITIS: _____

CHICKEN POX: _____

MEASLES: _____

GERMAN MEASLES: _____

MUMPS: _____

ASTHMA: _____

TUBERCULOSIS: _____

ALLERGIES:

HAY FEVER: _____

POISON IVY/OAK: _____

INSECT STINGS: _____

PENICILLIN: _____

OTHER ALLERGIES: _____

Operations or serious injurious with dates: _____

Chronic or reoccurring illness not mentioned above: _____

Date of last tetanus shot: _____

Activities to be discouraged: _____

Restrictions/Limitations: _____

Special diet or assistance required with meals: _____

Name of family doctor: _____ Phone #: _____

Name of family dentist: _____ Phone #: _____

Private Insurance Carrier: _____

Policy #: _____

Medicaid Number: _____ Medicare Number: _____

List any medications you are currently taking:

Medication	Amount	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other special needs: _____

Reminder: if at any time you need CVII staff to administer medication, we will need a med. Order from the doctor. Also, all medication must be in a childproof bottle that is labeled by the pharmacist with the person's name, the name of the medication, and the number of pills. The number pills on the label must match the number of pills in the bottle or we will not accept them.

Signature of person completing this form: _____

Relationship to client: _____

Date: _____

Please complete and return this form as soon as possible.