

The information on this form will be kept confidential. This form is to provide information so that trainers and staff can be aware of any medical or psychological issues that may impact the safety and experience of other trainees.

Name \_\_\_\_\_ Training Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Your Occupation \_\_\_\_\_

Referred by \_\_\_\_\_ Relationship \_\_\_\_\_

(Please be specific first and last name) Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

What 3 things do you want to accomplish by taking this training?

Please use the back if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Medical**

Do you have any medical conditions that Great Life should be aware of? Yes No

List your current medications \_\_\_\_\_

Please describe any physical limitations, recent injuries or requests for special accommodations here:

Circle all that apply: Pregnant Diabetic Seizures Asthma Anorexia Bulimia  
Hypoglycemic

Do you have a history of substance abuse or addiction within the past year? Yes No

Other Medical concerns: \_\_\_\_\_

**Psychological**

Are you currently under the care of a therapist? Yes No

Therapist name \_\_\_\_\_ Therapist phone \_\_\_\_\_

Is your therapist aware that you are attending this training? Yes No

Have you ever been diagnosed with: Bi Polar Disorder Schizophrenia Multiple Personalities?

Have you used any of the following in the past 30 days? Marijuana Cocaine Herion/opioids Rx pain  
Meds

Do you drink alcohol to the point of intoxication? Yes No

If yes when was the last time?

Have you had any suicidal ideation or attempt in the past 2 years?      Yes      No

If yes when? \_\_\_\_\_

On the average, over the past few months, how would you rate your psychological health on a scale of 1-10 with 1 being unhealthy and 10 being healthy?      1   2   3   4   5   6   7   8   9   10

Other Psychological concerns: \_\_\_\_\_

No firearms or other weapons of any kind are allowed on Great Life property. This applies to all individuals on Great Life property with or without permits. Any exceptions must be cleared by the Great Life Executive Director prior to entering the training room at the beginning of the training. **Initials** \_\_\_\_\_

If you use illegal drugs during the course of the training, you will be asked to return to complete the next training after 60 consecutive days of being drug free. **Initials** \_\_\_\_\_

**The above information is accurate to the best of my knowledge. I have read and agree to the above rules.**

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