



# The West Virginia Institute for Spirituality

## MEDICAL INFORMATION

Please supply the information requested in the 2 sections below.

Name of Applicant: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

1. **General Health:** Please indicate below any

- a) Significant impairment or disability (e.g., sight, hearing, etc.);
- b) Conditions requiring prescription medication or special dietary needs (e.g., diabetes, epilepsy, hypertension, etc.)
- c) Conditions requiring periodic supervision of a physician while here at the center.

\_\_\_\_\_  
\_\_\_\_\_

d) Allergies to drugs/medication. Specify \_\_\_\_\_

e) If you have been prescribed any mood-altering medications, please describe very briefly the effects of use.

\_\_\_\_\_  
\_\_\_\_\_

f) Received Covid 19 Vaccination? Yes/No \_\_\_\_\_ Date(s) \_\_\_\_\_

2. **Treatment:**

a) Recent Hospitalization? Yes/No \_\_\_\_\_ If yes, when and for what reason? \_\_\_\_\_

b) Have you received treatment addictions? Yes/No \_\_\_\_\_ If yes, when? Dates: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Applicant)

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

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Please mail to: (mark envelope "Confidential")**

Sr. Carole Riley, CDP, Ph.D.

WVIS Executive Director

The West Virginia Institute of Spirituality

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