

Medication Questionnaire



**OUTWARD BOUND
COSTA RICA**

Participant Name

Course Name & Session Dates

Dear Health Care Professional,

Outward Bound Costa Rica inspires and develops leadership, compassion, responsibility, respect for the environment and commitment to serve through adventure-based wilderness experiences led by a skilled, safety-conscious staff.

Our classroom is a wilderness setting and may include a variety of activities such as hiking, river rafting, kayaking, scuba diving, surfing, family homestays, volunteering in remote communities, and a solo experience. Courses usually involve co-ed, multi-aged groups of 6-12 individuals from various backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. On some courses, there is a Solo—a 3 to 48-hour experience that offers time for introspection, quiet, rest, and journal writing. Participants are given specific boundaries, a shelter, sleeping bag, water supply, and food. They are checked by instructors frequently and have a means of communicating distress if the need arises.

While our staff members are well-qualified wilderness instructors, trained in wilderness first response and first aid, they hold no medical degrees. Our courses are not designed to address the symptoms that the participant's medications are designed to treat. We need to understand that your patient's present level of functioning (while on medication) will not deteriorate significantly when they are exposed to the various stresses of the OBCR course.

Note: Outward Bound Costa Rica 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. Outward Bound Costa Rica requires medication to be brought 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.

We require that participants bring medication in its original prescription bottles with the physician's dosage directions. Whenever possible, participants should bring a double supply.

This participant has indicated you are the prescribing health care provider for the medication that is part of their treatment plan. We request your input to determine if an Outward Bound Costa Rica experience is appropriate for your patient at this time.

Your assistance in helping us determine if this applicant is likely to have successful and productive OBCR experience is invaluable. The final acceptance of this applicant to the program is made by OBCR and is contingent upon receiving this information.

Physician Name

Phone Number

Physician Signature

Emergency Phone Number

Date

Years Known

Email



Participant Name

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PARTICIPANT MEDICATION INFORMATION (please attach an additional page if necessary)

Medication Name	Dosage	Time(s) and Frequency Taken	Dosage Taken Since	Medication Taken Since

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

6. Do you have any reason to believe the medications will stop treating these conditions effectively while on an OBCR course?

Yes No (If yes, please explain.)

2. Could abrupt changes in activity level, sleep patterns, fluid intake, diet, altitudes, temperature, or sun exposure decrease the effectiveness of the medication(s) your patient is taking?

7. Does your patient experience any side effects including dizziness, dehydration, sun sensitivity or stomach sensitivity?

Yes No (If yes, please explain.)

Yes No (If yes, please explain.)

3. Is your patient currently stable on their medications?

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

Yes No (If no, please explain.)

4. How has the medication improved your patient's condition?

9. What if your patient misses a dose?

5. Do you recommend that your patient attend Outward Bound Costa Rica at this time?

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

Yes No (If no, please explain.)

Physician Signature

Date