



MEDICAL HISTORY



Admissions



**Camphill Community Mournie Grange
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**The following questions should be filled in by a qualified medical practitioner.
Please include as much information as possible.
All answers given will be treated as confidential**

Name of Applicant: _____

In what capacity have you attended the applicant, and for how long

What is his/her diagnosis?

**When were the developmental delay / learning disabilities / mental illness first observed?
Has any cause for it been determined?**

Is the applicant improving or deteriorating?

Please identify any major illnesses, injuries or surgery within the last 10 years?

Is the applicant suffering from a convulsive disorder or physical disability?

Has the applicant any balance or co-ordination difficulty?

Has the applicant a problem with hearing or vision?

Is the applicant under the care of a specialist? If yes, please give details:

Is the applicant quiet, restless, excitable, violent, dangerous or addicted to substances?

Does the applicant have suicidal tendencies?

Has the applicant been treated in a psychiatric hospital? If yes, please give details and dates:

Has the applicant received psychotropic medication, pr psychotherapy?

Is the applicant in need of continuous medication, such as anti-convulsive, tranquilisers, hormones etc? If yes, please give details

Is the applicant in need of close medical supervision?

Is the applicant capable of light, medium or heavy work?

Is the applicant accident prone or should special hazards be avoided, such as working near water, heat, heights animals etc.

Is there any family history or circumstances that would be helpful for us to know?

Does the applicant have any allergies? If yes, please give details:

Does the applicant have a special diet? If yes, please give details:

Additional remarks or recommendations:

Date: _____

Name: _____

Signature: _____

Qualification: _____