Mental Health conditions			
Have you ever been diagnosed with a mental health condition.		**Y**	**N**
If Yes, what is the diagnosis and treatment plan?			
Last appointment date:	Next Appointment Date:		
Are you currently under a therapist / counselor/or doctor's care? (circle one)			

Medications (to be updated with each refill). All medications must be listed, failure to do so may result in immediate suspension or expulsion.			
name of drug	**condition being treated**	**dosage**	**quantity on hand as of check in date**
Guest is responsible for their own medication unless specifically request RITI staff to secure.			
	Yes, I want the RITI Staff to secure my medications during the overnight hours. I am responsible for my own medications at all other times. **(initial if yes)**		
Room in the Inn Guest signature		Date	

*A Heart of My City Ministry

form 1b