

General and Mental Health conditions

Are you currently (or are you supposed to be) under a doctor, counselor or therapist's care? Y_____ N_____ (If Yes, circle **ALL caregivers** that apply)

if Yes, Describe Diagnosis (illness/condition)

Last appointment date:	Next Appointment Date:
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Have you ever been diagnosed with a mental health condition.	Y_____	N_____
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If Yes, what is the diagnosis and treatment plan?

Last appointment date:	Next Appointment Date:
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Medications (to be updated with each refill). All medications must be listed, now and any future prescriptions. Failure to do so may result in immediate suspension or expulsion.

name of drug	condition being treated	dosage	quantity on hand	date

Guest is responsible for their own medication unless specifically request RITI staff to secure and Staff is able to accommodate. (not available at all times)

	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)
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Room in the Inn Guest signature	Date
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