

Presenting Issue/Diagnosis

Risk Factors (please elaborate)

To self/others _____

Tick as appropriate Cannabis use? Other drug use? (specify) _____

Abuse (past and/or present) _____

Youth Justice Issues (please elaborate) _____

Medical History

GP Name and Address _____

Illnesses/ physical disabilities _____

Medication _____

Allergies _____

Physical disabilities _____

Relevant Family Psychiatric History _____

Other significant information? _____

Objectives/Outcomes for participant

CONFIDENTIALITY

I understand that any personal information that the applicant learns about riders through his/her association with Tauranga District RDA must remain confidential. I agree to refrain from discussing such details as clients' names, specific diagnosis, bizarre or unusual behaviour with anyone outside the programme or with another programme member in a public place where I might be overheard. I understand the necessity of preserving our riders' privacy and anonymity and will abide by this agreement.

Signed		Date	
--------	--	------	--