Gwekwaadziwin Miikan
2027 HWY 540, Little Current ON
Phone (705)370-5307 Fax (705)370-5308

GWEKWAADZIWIN MIIKAN MEDICAL FORM			
Gwekwaadziwin Miikan Phase 1- is a Land Based treatment program that is conducted completely in the wilderness over the course of 90 days and incorporates outdoor experiential learning that incorporates therapeutic best practice. Clients will be required to be physically active on a daily basis with activities such as hiking, canoeing, snowshoeing, fish netting, and could include traditional activities such as ceremony, smudging, medicine walks, and fasting. The purpose of this Medical is to ensure that participants can meaningfully engage in the spectrum of programming or if there are medical issues how they might be mitigated to promote participation. Please note this form is to be completed by a Doctor or Nurse Practitioner to the best of their knowledge.			
PERSONAL INFORMATION			
Date:	Applicant Name:		
DOB (d/m/y): / /	Health Card #:		
Doctor Completing Admission Physical (please print):			
Family Doctor (if different from above/please print):			
BASIC STATS/VITALS			
Blood Pressure:	Pulse:	Weight:	Height:
Notes:			
MEDICAL HISTORY			
Bone/Joint Problems ☐	Diabetes ☐	Blood Pressure Issues ☐	Hepatitis A B C (circle)
Head/Brain Injury ☐	Cancer ☐	Heart Issues ☐	HIV/Aids ☐
Liver Problems ☐	Dental issues ☐	Stomach Issues ☐	Pregnancy ☐
Kidney Problems ☐	Vision issues ☐	Hearing issues ☐	Arthritis ☐
Sexually transmitted infections ☐	Back Issues ☐	GI issues/IBS ☐	
If any of the above are checked as yes, please explain below or attach additional pages:			

Please attach any additional required information to this document.
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Conditions / Diagnosis			
Intellectual Disability ☐	Personality Disorder ☐	Chronic Pain ☐	PTSD ☐
Eating Disorder ☐	Schizophrenia ☐	Psychosis ☐	FASD ☐
Are there other mental health or medical diagnosis that we should be aware of? Examples: anything that would affect impulsivity or ability to function independently or with a group or pose a safety risk to self or others:			

CURRENT SAFETY RISKS		
Hear, see, or feel things that others do not? ☐	Psychosis: ☐	History of Fire Setting: ☐
Thoughts or attempts of harm to self: ☐	Dissociation: ☐	
Thoughts of harm to others: ☐	Impulsivity that would pose safety concerns: ☐	
Has the applicant had any psychiatric and or medical hospitalizations in the last 5 years ☐ Yes ☐ No		
Summary:		

MEDICATIONS, doses, and reasons for taking them **If person is accepted to the program we would require 90 day refill transferred to our local pharmacy**			
Name:	Dose:	Frequency:	Reason:

Allergies and is Epi-Pen required		
Allergy:	Reaction:	Epi Pen Required:

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OPIATE REPLACEMENT THERAPY	
Is the participant currently taking Suboxone, Sublocade or Methadone? ☐ Yes ☐ No	
Name:	Amount:
Name of ORT Doctor:	Schedule:
Clinic Name:	Phone #:

COVID 19		
Is applicant Vaccinated against Covid 19: ☐ Yes ☐ No		
1st Does Date: Name of Vaccine:	2nd Dose Date: Name of Vaccine:	Booster: Name of Vaccine:

Given the unique nature of Gwekwaadziwin's land-based program does the applicant have any other medical concerns or physical health conditions we should be aware of that may effect their success in our program?

In your opinion is the applicant well enough to take part in the Gwekwaadziwin Miikan 90-day land based Program? YES _________ NO ________

___________________________________ ___________________________________

Physician's Signature Admissions Coordinator or designate

___________________________________ ___________________________________

Date Date

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