



Member of the Association of Camphill Communities

CONFIDENTIAL

Please return to:

**Admissions
Coleg Elidyr
Rhandirmwyn
Llandovery
SA20 0NL**

Medical Questionnaire

This questionnaire should be filled in by a qualified medical practitioner. Please give as much detail as possible to enable the college to assess the prospective student adequately. **Thank you.**

Prospective Student Name:

Address:

Date of birth:

Are you the applicant's usual medical attendant?

Type of learning disability/diagnosis?

When was the disability first observed? Was there any particular cause?

Is the applicant improving or deteriorating?

What illnesses, complaints or injuries has he/she suffered?

Is he/she suffering from any chronic or infectious disease?	
Is he/she quiet, restless, excitable, violent, dangerous?	
Is there a history of alcohol or drug addiction?	
Are there any suicidal tendencies?	
Has the applicant attended a psychologist, psychiatrist or received treatment in a mental hospital?	
Has he/she received ECT, insulin therapy, sedation or psychotherapy?	
Please describe the applicant's present state of health (physical and mental).	
Please list and give dates of all inoculations and vaccinations received, particularly Tetanus and date of booster.	
Please list all current medications (including dosage and strength)	
Would you, please, give any additional relevant information about the applicant and family situation?	

Do you have any recommendations or remarks on this application?

Signature and Qualifications:

Address:



Date: