

**Edgewood Consulting & Services**

PO Box 122, New Paltz, NY 12561

(845) 255-7007

Program Date: \_\_\_\_\_

Program Type: \_\_\_\_\_

# People in Group: \_\_\_\_\_

Location: \_\_\_\_\_

MP Member: Yes or No

Other \_\_\_\_\_

*\*Please call if you have any questions about this form.*

**\*STAFF COMPLETE LIST ABOVE\***

It is necessary that you disclose your current health and relevant health history. This information is necessary so in the unlikely event of an accident the staff person can assist you. Please read this form carefully and fill it out accurately and completely. Everything is important. Completed medical forms must be received at least 10 days in advance. Thank you for your cooperation.

**Medical History Questionnaire & Release for ADULTS (ages 18 and up)**

(Confidential)

**General Information:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First Name , Last Name)

Gender (circle one): Male or Female      DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Are you a member of the Mohonk Preserve? (circle one) Yes No

**Emergency Contact Information:**

Emergency Contact Person's Name: \_\_\_\_\_

Emergency Contact Person's Relationship to you: \_\_\_\_\_

Phone Numbers for Emergency Contact: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address for Emergency Contact Person: \_\_\_\_\_

**Medical Insurance Information:**

Do you have medical health insurance?      Yes or No

If yes, with what company?      Company's Name: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

**If you do not have insurance, please initial below that you acknowledge the risk of & will assume full responsibility for incurred medical expenses in the event that something happens to you while participating in an Edgewood Consulting & Services Program that requires medical care.**  
**Initial Here \_\_\_\_\_**

