Name of Applicant: **DOB:**

Persons with Disabilities Designation Application: Section 2 – Medical Report

Medical History

PHYSICAL HEALTH CONDITIONS

SURGERIES *(year if known)*

HOSPITALIZATIONS *(year if known)*

MENTAL HEALTH CONDITIONS

☐ Anxiety ☐ Depression ☐ PTSD/c-PTSD ☐ ADHD ☐ Autism ☐ Dyslexia ☐ Substance Use Disorder

☐ Learning disability ☐ Borderline Personality Disorder ☐ Bipolar ☐ Schizophrenia ☐ Psychosis

☐ Other condition(s) not listed:

Childhood History

☐ Indigenous ancestry (First Nations, Metis, Inuit, etc)

☐ Mother used substances when pregnant.

List substances if known

☐ Single-parent home ☐ Mom *or* ☐ Dad

☐ Raised by a family member. Who?

☐ History of foster care involvement. What ages?

☐ Two-parent household ☐ Parents divorced at age

☐ Siblings (brothers and sisters not necessarily related) and how many?

☐ Physical violence in the home ☐ Towards you ☐ Witnessed toward others

☐ Verbal/Emotional violence in the home ☐ Toward you ☐ Witnessed toward others

☐ Sexual violence in the home

☐ Witnessed toward others ☐ Once *or* ☐ Multiple times

☐ Toward you ☐ Once *or* ☐ Multiple times

☐ Substance use in the childhood home by parents/caregivers

What substances?

☐ Family member incarcerated

☐ Family member committed suicide

Education History

☐ Did well in school and learned at pace of classmates

☐ School challenges in ☐ Primary ☐ Elementary ☐ High school

Was this related to any of the following:

☐ Poor attention and being distracted

☐ Poor reading comprehension

☐ Poor writing skills

☐ Not understanding course content

☐ Not handing in assignments on time

☐ Other:

☐ Diagnosed with *or* teachers suggested ADHD or learning disability such as dyslexia.

At age , was diagnosed with

Did you graduate grade 12? ☐ Yes ☐ No

If no, what grade did you leave school and why

☐ Later achieved GED age .

Career History

This includes selling substances, sex work, and other activities that may not be considered mainstream employment.

☐ I have never worked

If you have been employed, please list the jobs you have held.

Have you ever been incarcerated? ☐ Yes ☐ No

If yes, number of years incarcerated: and was it multiple times? ☐ Yes ☐ No

Personal History

What is your preferred gender identification? Cisgender (identify with gender assigned at birth)

Other gender identity not listed:

Have you experienced abuse relating to your gender? ☐ Yes ☐ No

If yes, please provide an example:

Relationship History

☐Single ☐In a relationship ☐Married ☐Common-Law ☐Separated ☐Divorced

If separated or divorced, when did this occur?

☐History of healthy relationships with good boundaries and respectful treatment of each other.

☐History of domestic violence with ☐Multiple partners or ☐One partner

Type of abuse: ☐Sexual ☐Physical ☐Emotional ☐Verbal

Have you been hospitalized relating to abuse experienced? ☐ Yes ☐ No

If you can, please provide details of abuse experienced including dates/age at time of occurrence:

Do you have children? ☐ Yes ☐ No

If yes, how many children?

How old were you when your first child was born?

Do you have contact with them? ☐ Yes ☐ No

If under 18, who do your children live with?

Substance Use and Addictions History

Substance use refers to the dependence on substances with addictive properties where your life is negatively impacted. This means consuming larger amounts of substances longer than the intended amount of time. Substance use involves spending excessive amounts of time trying to get, use, and recover from a specific substance ingested despite wanting to use in a more regulated way.

☐ I do not have a history of substance use

Type of Substance	Age of Initiation	Sobriety History	Are you interested in stopping use if still using?
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
None		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No
Other(s) not listed		Sober periods? ☐ Yes ☐ No When: How long:	☐Yes ☐No

Any addiction history with ☐ Gambling ☐ Food ☐ Gaming ☐ Internet ☐ Television ☐ Sex ☐ Porn

☐ Other(s)

Are you still actively engaged in this addiction? ☐ Yes ☐ No

Have you ever undergone counseling or treatment for substance use or addiction? ☐ Yes ☐ No

If yes, when and at what centre if applicable:

What goals do you have in the next year or two?

1.

2.

3.

Completed by on

Birth Date

BC Personal Health Number (PHN)