

## Participant's Application and Health History

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Referral Source: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

Diagnosis \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Circle	Comments
Allergies	Y N	
Behavioral	Y N	
Bone/Joint	Y N	
Breathing	Y N	
Circulation	Y N	
Communication	Y N	
Digestion	Y N	
Elimination	Y N	
Emotional/Mental Health	Y N	
Hearing	Y N	
Heart	Y N	
pain	Y N	
Muscular	Y N	
Sensation	Y N	
Thinking/Cognition	Y N	
Vision	Y N	
Sudden movement/ Outbursts	Y N	

## Participant's Application and Health History (cont.)

**MEDICATIONS** (include prescription, over-the-counter; name, dose and frequency) \_\_\_\_\_

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*Describe your abilities;difficulties in the following areas (including assistance required or equipment needed):*

**PHYSICAL FUNCTION** (i.e., Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHO/SOCIAL FUNCTION** (i.e., Work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears/concerns, etc)

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**GOALS** (i.e., Why are you applying for participation? What would you ulike to accomplish?)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant, Parent or Legal Guardian  
*Signed in the presence of center staff*