

# Participant's Application & Health History

## General Information

Participant: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gener: M F  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell (M): \_\_\_\_\_  
 School: \_\_\_\_\_ Cell (D): \_\_\_\_\_  
 Parent/Legal Gaurdian/Caregivers: \_\_\_\_\_  
 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:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

\_\_\_\_\_

\_\_\_\_\_

describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**Physical Function** (i.e. mobility skills such as transfers, walking, wheelchair use): \_\_\_\_\_

\_\_\_\_\_

**Psycho/Social Function** (i.e. school, leisure intersets, family structure, companion animals):

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**Goals** (i.e. why are you applying for participation? What would you like to accomplish?):

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