



P gy 'Uwf gpv'Cr r ilecvkp'cpf 'J gcnj 'J kwqt {

I gpgt cr'kphqto cvkp

Participant: _____

DOB: _____ Gender: **O ""H"** Height: _____ Weight: _____

Address: _____

Phone: _____ E-mail: _____

Employer/School: _____

Address: _____

Phone: _____ Contact: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

_____ Phone: _____

Referral Source: _____ Phone: _____

How did you hear about the program? _____

Health History

Diagnosis: _____ Date of Onset: _____

Rngcug'kpf kecvg'ewt tgpv'qt 'rt gxlqwu'ur gekc'npggf u'kp "j g'hmqy kpi "ct gcu<

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

Rci g'4<P gy 'Uwf gpv'Cr r ikecvkqp

O GF ÆCVIQP U' *kpenmf g'rt guetkr vkqp."qxgt/vj g/eqwpvgt =pco g.'f qug."cpf 'Itgs wgpel <

Describe abilities in the following areas (kpenmf g'cuukacpeg"qt "gs wkr-o gpv'p ggf gf ÷

RJ [UÆCN'HWP E VIQP *Qe0o qdkskf 'inkru'wwej "cu'it cpulgtu."y cmkpi . 'y j ggnej ckt 'wug.'f tkkpi lduw't kf kpi ÷

RJ EJ QIUQE KCN'HWP E VIQP *Qe0y qtmuej qqnkpenmf kpi 'i tcf g'eqo rrgvgf . 't getgc vkppcnkpvgt guuu
tgrcvkppuj kr u'lxo kf 'int weemt g.'wrr qt v'uf wgo u."eqo rcpkqp"cpko cnu."t gct uleqpegt pu."gve0<"

"

I QCNU' *Qe0Y j {"ctg"} qw'crrn kpi 'lqt 'rctvtekr cvkqpA'Y j cv'y qwf "f qw'itng 'vq"ceeqo rrtkij A<

F Cj UIVKO GU' *Qe0Y j gp'y qwf "vj g'rctvtekr cpv'dg'cxc krc dng'lqt "gs wkp g'cevkxkkguA"Rngcug'rtku'cu"
o cpl'f c{u'qllvj g'y ggm'cpl'wko gu'qllvj g'f c{ 'vj cv'y qwf "dg'r quukdkrkkgu0

Ugpf 'crr ikecvkqp 'vq<T QOUGOU
RQ0Dqz '378
I rgp'cto . 'O F '43279

"

Fcvg'crr ikecvkqp'wdo kwgf <' _____ / _____ / _____

"