



Participant's Health History

Date: _____

Participant: _____ DOB: _____ Height: Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

<u>Systems/Areas</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency) _____

COMMUNICATION

Is this Participant: (circle one) Left-Handed Right-Handed Ambidextrous Unsure

Is this Participant Hearing Impaired? Yes No **If YES:** Which Side is Affected: Left Right Both

Does this Participant wear Hearing Aids? Yes No

Does this Participant use Sign Language? Yes No

Does this Participant use a Communication Device? Yes No

If YES: What Type of Device: _____

Describe participant's abilities 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)

BEHAVIORAL FUNCTION - If this participant has any special issues, (i.e. behavioral, sensory, social), how do you prefer to handle typical situations? Please include methods of behavior modification, communication and anything else that may be pertinent for the instructor or volunteers to know while working with this participant: _____

PSYCHOSOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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

By signing this document, the participant, parent, or legal guardian is stating to the best of their ability that the information supplied above is up-to-date and accurate.

Date: _____

(Print Name)

(Signature of Participant/Parent/Legal Guardian)