



## Participant's Application & Health History

### GENERAL INFORMATION

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

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

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

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

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

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

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

Caregivers: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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			

**ALLERGIES** \_\_\_\_\_

---

---

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

---

---

---

---

---

---

---

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

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

---

---

---

---

---

---

---

**PSYCHOSOCIAL FUNCTION** (e.g., 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?)

---

---

---

---

---

---

---

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

**PHOTO RELEASE**

I  DO  DO NOT consent to and authorize the use and reproduction by Promise Landing Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

(Client, Parent or Legal Guardian)  
*Signed in the presence of center staff*