



**Health Form**  
Please update all information for accuracy, sign and date.

Contact Information:

<b>First Name</b>		<b>Last Name:</b>	
<b>Home Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Cell Phone:</b>		<b>Home Phone:</b>	
<b>Email Address:</b>		<b>Birth Date:</b>	

Emergency Contact Information:

<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>	
<b>Emergency Contact Relationship:</b>			
<b>Primary Physician Name:</b>		<b>Primary Physician Phone:</b>	

Health Information:

<b>Height:</b>		<b>Weight:</b>	
<b>General Physical Condition:</b> Fair    Good    Excellent		<b>Endurance:</b> Good    Poor    Decreases with Activity	
<b>Allergies:</b>			
<b>Do you have a disability?</b>		<b>Yes</b>	<b>No</b>
<b>Describe your disability:</b>			
<b>Date of Last Tetanus Shot:</b>		<b>Date of Last Physical:</b>	
<b>Describe any treatment by a physician in the past year:</b>			
<b>What medications are you taking?</b>			

Mobility:

	Yes	No	<b>List Assistive Devices:</b>
Do you require assistive devices?			
Are you independent with mobility?			
Are you independent with daily living?			

<b>Strength</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Absent</b>
Left Upper Extremity Strength:				
Right Upper Extremity Strength:				
Left Lower Extremity Strength:				
Right Lower Extremity Strength:				

<b>Range of Motion</b>	<b>Good</b>	<b>Limited</b>
Left Upper Extremity Range of Motion:		
Right Upper Extremity Range of Motion:		
Left Lower Extremity Range of Motion:		
Right Lower Extremity Range of Motion:		

<b>Coordination</b>	<b>Good</b>	<b>Impaired</b>
Upper Extremity Coordination:		
Lower Extremity Coordination:		

**Chronic Conditions:**

Asthma	Autonomic Dysreflexia	Circulatory Problem	Diabetes
Heart Condition	High Blood Pressure	Epilepsy	Seizures
Sensory Loss	Spasticity	Other:	

**Behavior and General Attitude:**

Anxiety	Hostility
Confusion	Inability to follow directions
Distractibility	Impulsivity
Difficulty Problem Solving	Limited Attention
Difficulty Sequencing	Memory Loss
Low Frustration Tolerance	Other:
Explanation of the above behaviors:	

Form Completed By Name:	
Signature	Date