

**Medical History Form**

This form is to be completed by your physician and mailed directly to New Horizons Service Dogs.

If the applicant is a minor, under guardianship, conservator ship, or a ward of the court, the parent or legally authorized representative is required to sign below, pursuant to state or federal laws.

Print your name \_\_\_\_\_  
Signature \_\_\_\_\_  
Relationship/Title and Agency \_\_\_\_\_  
Agency Address/Phone Number \_\_\_\_\_

Please release to New Horizons Service Dogs any requested information regarding my condition. The information given will not be used for any other purpose than to evaluate and assess my situation in making a successful Service Dog placement and assisting me with ancillary services. New Horizons Service Dogs will keep this information confidential and will not share it with anyone but the professional staff of any agency that is involved in helping provide services for me.

Applicant's signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last examination: \_\_\_\_\_

Length of association with client: \_\_\_\_\_

Diagnosis of client's impairment(s) (Attach additional sheet if necessary)

Primary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secondary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Medical History Form | 2020

Additional:

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Are two or more limbs impaired? \_\_\_\_\_ Yes \_\_\_\_\_ no (Describe)

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Estimated duration of significant impairment(s): \_\_\_\_\_

Prognosis and effects of condition on the individual's ability to perform activities of daily living (This refers to the ability to meet personal care needs- i.e. feeding, toileting, dressing, etc.; as well as the ability to perform tasks necessary for independent living-i.e. manage finances, maintain home, acquire needed outside services.).

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Any other related medical history:

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Medications and dosage:

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Medical/Emotional Evaluation of Client:

Able to exercise judgment for ADL?	Yes	Minimally	No
Able to sustain attention span?	Yes	Minimally	No
Manifesting inappropriate behavior beyond his/her control. (Give examples below)	Yes	Minimally	No

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Able to control physical or motor movement sufficient to sustain ADL?	Yes	Minimally	No
Capable of perception and memory to the degree necessary to sustain ADL?	Yes	Minimally	No
Able to follow directions and learn to sustain ADL?	Yes	Minimally	No
Under any medications which impair functioning?	Yes	Minimally	No
Capable of decisions about personal or others' needs and safety?	Yes	Minimally	No

Any additional comments (i.e., if child, his/her mental/emotional age; a specific evaluation of how a Service Dog could affect this individual.)

