

Medical History Form

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:

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Additional:

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

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.).

Any other related medical history:

Medications and dosage:

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

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

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

Physician's
signature

Date

Would you like New Horizons to contact you directly regarding this
client:

Yes

No

Physician, please return the completed Medical History form to New Horizons Service Dogs, 1590 Laurel Park Court, Orange City, FL 32763.