



Physician Medical History Form

Applicant: Please read and sign page 1 before sending pg 1-4 to your physician.

Physician: Page 1 is provided should you chose to keep a copy for your records. Page 2-4 are for you to complete. Pages 1-4 should then be mailed directly from the provider to New Horizons Service Dogs.

Applicant Information

Applicant name (last, first, m.i.)	Birth date (mm/dd/yyyy)	Daytime telephone number
Applicant street address	City	State
		Zip code

Patient Authorization

I, the undersigned, request a 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.

Please release to New Horizons Service Dogs any requested information regarding my condition.

Applicant's name (printed): _____

Applicant's signature: _____

Date of Signature: _____

A New Horizon Service Dog gives a lifetime of...
Unconditional Love, Independence, Mobility, and Service to a person with a disability.

Veteran Medical History Form 2022

Physician Use ONLY:

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:

Additional:

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

Estimated duration of significant impairment(s): _____

Veteran Medical History Form 2022

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

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

Physician's Signature: _____ Date: _____

Would you like New Horizons to contact you directly regarding this client: ____ Yes ____ No

Please return the completed Medical History form to New Horizons Service Dogs, 1590 Laurel Park Court, Orange City, FL 32763, by fax to (386) 456-0409, by email to education@nhdsi.org

