



# Participant's Health History

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

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: Weight: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

<u>Systems/Areas</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMUNICATION**

**Is this Participant:**(check one)      Left-Handed      Right-Handed      Ambidextrous      Unsure

**Is this Participant Hearing Impaired?**    Yes    No    **If YES:** Which Side is Affected:    Left    Right    Both

**Does this Participant wear Hearing Aids?**    Yes    No

**Does this Participant use Sign Language?**    Yes    No

**Does this Participant use a Communication Device?**    Yes    No

**If YES:** What Type of Device: \_\_\_\_\_

**Describe participant's abilities in the following areas (including assistance required or equipment needed):**

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

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**BEHAVIORAL FUNCTION** - If this participant has any special issues, (i.e. behavioral, sensory, social), how do you prefer to handle typical situations? Please include methods of behavior modification, communication and anything else that may be pertinent for the instructor or volunteers to know while working with this participant: \_\_\_\_\_

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**PSYCHOSOCIAL FUNCTION** (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e. why are you applying for participation? What would you like to accomplish?)

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By signing this document, the participant, parent, or legal guardian is stating to the best of their ability that the information supplied above is up-to-date and accurate.

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Participant/Parent/Legal Guardian)