

ACCESS ADVENTURE, Inc.

3521 Grizzly Island Rd., Suisun City, CA
P. O Box 2852, Fairfield, CA 94533

Student Application and Health History

GENERAL INFORMATION

Student: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Male ____ Female ____

Address: _____

Phone: _____ Alternative Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____ Phone: _____

Referral Source: _____

How did you hear about our program? _____

Health Issues: (Check Yes or No)

Vision

Hearing

Sensation

Communication

Heart

Breathing

Digestion

Elimination

Circulation

Emotional

Behavioral

Pain

Bone/Joint

Muscular

Thinking/Cognition

Allergies

HEALTH HISTORY

Please indicate current or past problems in the following areas:

What medications is student currently taking, including over-the-counter medications?

Describe student's abilities/difficulties in the following areas (include assistance required or equipment needed):

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

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

GOALS (i.e. why you are applying for participation and what you would like to accomplish):