

# 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):