Outdoors for All Information Form - Participant

General Information

Name: _____
Address: _____
City/State/Zip: _____
Access ID # _____
DDD# _____

Primary Contact Information

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-Mail: _____

Emergency Contact Information

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Caregiver

Name(s): _____
Phone: _____

Volunteer Preference: ☐ Male ☐ Female ☐ No Pref.
Medications: _____
Side Effects of Medication: _____
Will Medications be taken during Activities? ☐ Y ☐ N

Health History

Gender: ☐ M ☐ F Birthdate: _____ Age: _____ Height: _____ Weight: _____ Shoe Size: _____
Primary Disability: _____ Year of Diagnosis: _____
History of Seizures: ☐ Y ☐ N Seizure Type: ☐ Petite Mal ☐ Grand Mal ☐ Other _____ Seizure in the past 24mos: ☐ Y ☐ N
List the indicators for the seizures and how often they occur: _____
Spinal Cord Injury: ☐ C1- T1 ☐ T1- T6 ☐ T7-T12 ☐ L1 – L5 ☐ S1- S5 ☐ Complete ☐ Incomplete
Assistance in using the bathroom: ☐ Y ☐ N Explain: _____
Mobility: (Mark all that apply) ☐ Walks Independently ☐ Walks w/Assistive Device ☐ Manual WC ☐ Power WC
Transfer Ability: ☐ Transfers Independently ☐ Transfers Self W/Assistance ☐ No Ability to Self Transfer ☐ Can Bear Weight w/Assistance ☐ Can Not Bear Weight

Secondary and other Conditions:

☐ Easily fatigued	☐ Back Problems	☐ Partial Hearing	☐ High Blood Pressure
☐ Autonomic Dysreflexia	☐ Hemispatial Neglect	☐ Partial Vision	☐ High Anxiety
☐ Temp. Reg. Difficulties	☐ Sensitivity to Noise	☐ Shunt	☐ Heart Problems
☐ Hemiparesis	☐ Sensitivity to Light	☐ Speech Aphasia	☐ Asthma or other Respiratory
☐ Rheumatoid Arthritis	☐ Sensitivity to Sun	☐ Ataxia	☐ Fibromyalgia

Rate the following items in terms of Difficulty Functioning: (*If rating a 3 or 4, please explain below in "Additional Comments")
(0) No Difficulty (1) = Slight Difficulty (2) = Moderate Difficulty (3) = High Difficulty (4) = Extreme Difficulty / Needs Assistance

Ability to Self Control ___	Speech Intelligibility ___	Range of Motion ___	Balance ___
Decision Making ___	Spatial Orientation ___	General Strength ___	Endurance ___
Concentration ___	Frustration Tolerance ___	Muscle tone ___	Gross Motor ___
Memory ___	Following Directions ___	Upper Body Strength ___	Fine Motor ___
Learning Ability ___	Switching Focus/Attention ___	Lower Body Strength ___	Torso Control ___

Allergies: (foods , bee, any medications ,etc.): _____
Other Food Restrictions: _____
What is the form of communication style (check all that apply): ☐ Verbal ☐ Nonverbal ☐ Sign Language
If nonverbal, does the participant have a method of communication? ☐ Y ☐ N If yes, please explain: _____
If there is any other difficulty with communicating? (be specific and list communication tips): _____
*Frustration indicators (How will staff know? What can staff do?) _____
Methods used to help calm participant: _____
Precautions/ Concerns of Participant/ Parent/ Guardian: _____
What are some skills you'd like to see worked on: (Use the list of terms of functionality listed above for reference)
*Additional Comments: _____