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Applicant Medical History Form

Applicant's Name (please print): _____

Applicant's Signature: _____

This form is to be completed by your physician.

Information Release:

Date: _____

Dr. _____,

Please release the requested medical information regarding my condition to Palmetto Animal Assisted Life Services (PAALS) organization. This information will be used to help determine my abilities in regards to the placement of a service dog.

Doctor's Name: _____

Type of practice: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Patient Information:

What is this patient's primary disability? _____

What is the cause of this disability?

Are there significant secondary disabilities? () Yes () No

If yes, please describe: _____

At what age was he/she disabled? _____ Is this disability progressive? () Yes () No

Is their incapacity due to alcohol or drug abuse? () Yes () No



PLEASE CIRCLE ALL THAT APPLY:

The effects of this patient's disability include:

- Deafness* *Speech impairment* *Reduced stamina* *Hearing loss*
- Limited mobility* *Memory loss Spasticity* *Delayed development*
- Vision impairment* *Muscular weakness* *Coordination problems*
- Other:* _____

Does this patient have trouble with?

- Allergies* *Chronic pain* *Heightened emotions*
- Depression* *Seizures* *Balance*
- Brittle bones* *Hot/Cold Sensitivity*

Does this patient use any of the following aids or assistive devices?

- Prosthesis* *Leg brace* *Wheelchair- manual* *Wheelchair- electric*
- Wrist brace* *Hearing aid* *Crutch/cane Walker*
- Other:* _____

ADL= ACTIVITIES OF DAILY LIVING

Is this patient: Please Circle Below

A. Able to exercise judgment and make decisions necessary for ADL?

Yes Minimally No

B. Able to sustain an attention span?

Yes Minimally No

C. Manifesting inappropriate behavior beyond his or her control?

Yes Minimally No

D. Able to control physical and motor movement sufficient to sustain ADL?

Yes Minimally No



E. Capable of perception and memory to the degree necessary to sustain ADL?

Yes Minimally No

F. Able to follow directions and learn to the degree necessary to sustain ADL?

Yes Minimally No

G. Under medication which impairs physical or mental functioning?

Yes Minimally No

H. Capable of decisions concerning self and others needs and safety?

Yes Minimally No

Can you recommend this individual for a service dog? () Yes () No

Do you feel this program might benefit from a consultation with you? () Yes () No

Comments: _____

Physician Signature

Date: