

STUDENT INFORMATION FORM

Name: _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Sex: F M Height: _____ Weight: *
*sit equipment limit 200 pounds

Describe your disability: _____

Current physician: _____

Physician's phone: _____

Medications (dosage, frequency, reason for use): _____

Surgical procedures (include dates): _____

General physical condition: Excellent Good Fair

Do you have seizures? Yes No

Date of last seizure: _____

Type: _____

Do you have a shunt? Yes No

Do you have allergies? Yes No

Please list: _____

Do you have bladder or bowel adaptations? Yes No

Type: _____

Mobility: walker crutches braces wheelchair

Other: _____

Motor status: Please list any problems with muscle tone, range of motion, or strength. Also note any spasticity or paralysis and area affected.

Please check any of the following that apply to you:

- Poor circulation in limbs
- Diabetes
- Cardiovascular problems
- Vision loss
- Hearing loss
- Sensory loss
- Respiratory problems
- Low endurance (tire easily)
- Communication difficulties
- Other: _____

BEHAVIOR & GENERAL ATTITUDES:

- 1 = normal
- 2 = mild problems, interferes infrequently
- 3 = moderate problems, interferes frequently
- 4 = severe problems, interferes constantly

Please enter above number to items below:

- ___ Frustration tolerance
- ___ Hostility
- ___ Confusion
- ___ Anxiety
- ___ Distractibility
- ___ Impulsivity
- ___ Following directions
- ___ Problem solving
- ___ Slowness of speech
- ___ Spatial disorientation
- ___ Memory loss (short-term)
- ___ Memory loss (long-term)
- ___ Temper
- ___ Ability to self correct
- ___ Aphasia (expressive)
- ___ Aphasia (receptive)

Please note any additional information that would assist us with your ski experience:

What are your goals for your skiing experience?

List names of other family members or friends who will be skiing with you:

