

2019 HIGH HURDLES RIDER INFORMATION

RIDER NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN/CARE PROVIDER: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

IT IS IMPORTANT THAT THIS INFORMATION IS ACCURATE. INCORRECT OR INCOMPLETE INFORMATION MAY JEOPARDIZE THE SAFETY OF THE RIDER

DIAGNOSES: _____

MEDICAL/SURGICAL HISTORY: _____

CURRENT MEDICATIONS: _____

ADAPTIVE EQUIPMENT: _____

DOES THE RIDER RECEIVE OT / PT SERVICES? IF SO, WITH WHICH AGENCY?: _____

ABILITY: ("X" in box)	<u>FULL ASSIST.</u>	<u>MINIMAL ASSIST.</u>	<u>SUPERVISION</u>	<u>INDEPENDENT</u>
Stair Climbing				
Walking				
Transferring				
ADL Skills				
BALANCING:	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
While Seated				
While Standing				
While Moving				
MOTOR SKILLS:	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
Head Control				
Trunk Control				
Grip				
Muscle Strength				
VISION: (circle one)	No ability	Wears Glasses	No impairment	
HEARING:	No ability	Wears Hearing Aid	No impairment	
SPEECH:	No ability	Uses Sign	Some Speech	No impairment
ADDITIONAL INFO:	<u>YES</u>	<u>NO</u>		
Fear of Heights?				
Tactile Defensive?				
Sensory Impairment?				
Impaired Perception?				

LEVEL OF SUPERVISION WHILE IN THE COMMUNITY? _____

SOCIAL & BEHAVIORAL STRENGTHS/AREAS OF NEED: _____

HOW CAN WE BEST SERVE THIS RIDER? _____