

Hope Farms
Application and Health History
Group Participant

GENERAL INFORMATION

Name: _____ DOB: _____

Age: _____ Height: _____ Weight: _____ Gender: M F

Client or Caregiver Email: _____

Referral Source: _____

(Google search, case worker/manager, website, Facebook, flyer, etc.)

HEALTH HISTORY

Diagnoses _____

Date of Onset: _____

Please circle current or past special needs in the following areas:

Dietary Limitations

Diabetes

Measles

Mumps

Chicken Pox

Vision

Hearing Ear Infections

Heart Disease/Defect

Convulsion/Seizures

Breathing

Digestion

Elimination

Circulation

Pain

Bone/Joint

Muscular

Thinking/Cognition

Sensation

Communication

Emotional/Mental Health

Behavioral

Pain

Bone/Joint
Muscular
Thinking/Cognition
Nosebleeds
Flu/Flu Shot

Allergies:

Hay Fever Plant Poisoning Insect Stings Penicillin Other Drugs Animals Food Other

If you circled any of the above, please explain:

OPERATIONS OR SERIOUS INJURIES (DATES)

MEDICATIONS: *(include prescription, over-the-counter, name, dose and frequency)*

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed)

PHYSICAL FUNCTION *(i.e., Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)*

PROHIBITED ACTIVITIES (i.e., Any activities that you prefer that your child/charge should NOT participate in?)

PSYCHO/SOCIAL FUNCION (*i.e., Work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears/concerns, etc.*)

GOALS (*i.e., why are you applying for participation? What would you like to accomplish?*)

Signature: _____ Date: _____

PHOTO RELEASE

I ☐ **DO**

☐ **DO NOT**

Consent to and authorize the use and reproduction by Hope Farms Project of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian