

**SPECIAL SKILLS DOGS OF CANADA
MEDICAL INFORMATION**
To be completed by Physician
Please print or type

Date _____

Applicant's name _____

Please release to Special Skills Dogs of Canada information regarding my health. This information will only be used to evaluate my situation in making a successful canine placement and will be respected by Special Skills Dogs of Canada as confidential medical information.

APPLICANT'S SIGNATURE

DATE

Or

SIGNATURE OF PARENT/LEGAL GUARDIAN, OR POWER
OF ATTORNEY

DATE

Physician's name: _____

Physician's speciality: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: _____

MEDICAL INFORMATION

Diagnosis of patient's disability. (Continue on reverse if necessary)

Primary _____

Describe disability _____

Secondary _____

Describe disability _____

Explain limitations and additional pertinent information _____

Are two or more limbs impaired? _____ Explain _____

Prognosis and effect of the condition on the individuals ability to perform Activities of Daily Living (ADL). _____

Please list all medications currently being taken by your patient.

MEDICATION	DOSAGE	CONDITION OR ILLNESS	SIDE EFFECTS EXPERIENCED BY YOUR PATIENT	SELF ADMINISTERED (YES OR NO)

Is your patient affected by any of the following?

- | | | |
|------------------------|------------------|-----------------------------|
| Heart disease _____ | Cancer _____ | High blood pressure _____ |
| Rheumatic fever _____ | Diabetes _____ | Infantile paralysis _____ |
| Impaired hearing _____ | HIV _____ | Nervous disorders _____ |
| Impaired sight _____ | Stroke _____ | Convulsive seizures _____ |
| Epilepsy _____ | Hernia _____ | Fainting spells _____ |
| Allergies _____ | Polio _____ | Limited mobility _____ |
| Memory loss _____ | Asthma _____ | Coordination problems _____ |
| Reduced stamina _____ | Spasticity _____ | Muscular weakness _____ |
| Chronic pain _____ | Depression _____ | Skin sensitivity _____ |
| Brittle bones _____ | Imbalance _____ | Speech impediment _____ |

Does your patient	1=LOW, 10=HIGH
a) Exercise judgement and make decisions necessary for ADL?	
b) Have sufficient perception and memory to sustain ADL?	
c) Have the ability to follow directions to learn necessary ADL?	
d) Have the ability to make decisions for own or other's needs and safety?	

Comments: _____

PHYSICIAN'S SIGNATURE _____

DATE _____