



Applicant Medical Form

This form is to be completed by your physician and sent together with your application material to: Paws Giving Independence, POBox 9572 Peoria IL 61162 or dkosner@givingindependence.org

Information Release:

Dr. _____, Please release the requested medical information regarding my condition to the above identified organization. The information will be used to help determine if I may benefit from a service/assistance dog.

Applicants Name (printed): _____

Applicants Signature: _____ Date: _____

Doctor Name: _____

Type of Practice: _____

Address: _____ City _____ State _____

Phone _____

Patient Information:

Patient primary disability: _____

List secondary disabilities: _____

Please list any psychiatric diagnosis (PTSD, depression, ect): _____

How long has the patient been under your care? _____

Please Circle All That Apply

The applicant (has)...

- | | | |
|---------------------------------------|-----------------------------|------------------------|
| Walks at a community speed | Walks slowly | Walks unsteady |
| Is non ambulatory | Uses a cane | Uses a walker |
| Uses a manual wheelchair | Uses a power wheelchair | Hearing loss |
| Spends majority of day in bed | Memory loss | Autism |
| Vision Impairments | Seizures | Depression |
| Anxiety | PTSD | Developmental Delay |
| Difficulty with transitions/locations | Difficulty picking up items | Difficulty with stairs |
| Other: _____ | | |

Does the applicant:

- | | |
|--|--------------------------|
| 1) Independently make judgments/decisions for ADLS? | Yes - Minimally –No-Unkn |
| 2) Independently make decisions concerning self/others safety? | Yes - Minimally –No-Unkn |
| 3) Pose any threat or danger to an animal? | Yes - Minimally –No-Unkn |
| 4) Have a good support system at home? | Yes - Minimally –No-Unkn |
| 5) Receive ongoing treatment for their condition? | Yes - Minimally –No-Unkn |

What 3 tasks could a service dog do to make this applicant more independent?

- 1) _____
- 2) _____
- 3) _____

Do you recommend this individual be considered to receive a service/companion dog?

() YES () NO

Comments:

Doctor Signature: _____ Date _____