



# Adaptive Sports Association

*...exploring possibilities*

## SUMMER VETERAN PARTICIPANT INTAKE FORM 2019

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ E-mail \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Emergency contact relationship \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Disability \_\_\_\_\_

Cause \_\_\_\_\_

What was/is your branch and rank? \_\_\_\_\_

What was your service specialty (MOS)? \_\_\_\_\_

What was the date of your injury? \_\_\_\_\_ Where was the geographical location in which your injury occurred? \_\_\_\_\_

In which wars have you served? \_\_\_\_\_

If you have visual impairment, what is your field of vision? \_\_\_\_\_

If you have hearing impairment, what is the extent of your hearing loss? \_\_\_\_\_

What adaptive equipment do you use (wheelchair, walker, AFO, etc.)? \_\_\_\_\_

Are there any parts of your body susceptible to impact? \_\_\_\_\_

Do you have seizures? \_\_\_\_\_ Type \_\_\_\_\_ Controlled? \_\_\_\_\_

When was your last seizure? \_\_\_\_\_

What medications do you take? \_\_\_\_\_

What for? \_\_\_\_\_

Do you have any concerns or fears? \_\_\_\_\_

### For office use ONLY:

Database \_\_\_\_\_

Do you have any dietary restrictions or allergies? \_\_\_\_\_

Please list recent (**within the past year**) injuries, illnesses, surgeries with dates and specifics \_\_\_\_\_

What type of sports, activities & exercises do you participate in? \_\_\_\_\_

How often? \_\_\_\_\_

**To help with our funding, please circle all that apply to you.**

ADD/ADHD	Arthritis	Amputation
Autism	Cancer	Blind
Behavioral Disorder	Cerebral Palsy	Deaf
Cognitive Delay (MR)	Diabetes	Head Injury
Developmental Disability	Parkinson's	Hearing Impaired
Down Syndrome	Multiple Sclerosis	Other Orthopedic _____
Emotional Disorder	Muscular Dystrophy	Spinal Cord Injury: Level _____
Fetal Alcohol Syndrome	Polio	Stroke
Fragile-X Syndrome	Seizure Disorder/Epilepsy	Traumatic Brain Injury
Learning Disability	Spina Bifida	Visually Impaired
Other _____		

How did you first hear about ASA? \_\_\_\_\_

Comments \_\_\_\_\_