



Allergies

Please Describe

Altitude Problems

Please Describe

ALS (Amyotrophic lateral sclerosis) Lou Gehrig's

Wheelchair  Walker  Braces

Transfer Help

Other Issues

Amputations

<input type="checkbox"/> AK Right	<input type="checkbox"/> BK Right	<input type="checkbox"/> AE Right	<input type="checkbox"/> BE Right
<input type="checkbox"/> AK Left	<input type="checkbox"/> BK Left	<input type="checkbox"/> AE Left	<input type="checkbox"/> BE Left
<input type="checkbox"/> Shoulder Right	<input type="checkbox"/> Hip Right		
<input type="checkbox"/> Shoulder Left	<input type="checkbox"/> Hip Left		

Onset

Anxiety

Please Describe

Asthma

Triggers

Inhalers

- Autism Spectrum
- ADD  ADHD
- Aspergers  Sensory Processing Disorder
- Learning Delays  Verbal  Non-verbal

Please Describe

- Blind / Vision Impaired

- Partial  Full

Type

Onset

- Burns

Please Describe

- Cardiac Issues

Please Describe

- Cerebral Palsy

<input type="radio"/> Flaccid	<input type="radio"/> Spastic	<input type="radio"/> Athetoid	<input type="radio"/> Ataxic
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> Braces	

Transfer Help

- Cognitive Disorder

- Learning Delays  Motor Delays  Speech Delays

- Wheelchair  Walker  Braces

Cognitive Age

Deaf / Hard of hearing

Partial  Full

Lip Read  Sign

Type

Onset

Developmental Delays

Emotional Delays  Learning Delays  Motor Delays

Wheelchair  Walker  Braces

Transfer Help

Cognitive Age

Diabetes

<input type="checkbox"/> Insulin	<input type="checkbox"/> Type 2	<input type="checkbox"/> Neropathy	
		<input type="checkbox"/> Hands	<input type="checkbox"/> Feet

Down Syndrome

Multiple Sclerosis

Wheelchair  Walker  Braces

Transfer Help

Muscular Dystrophy

Wheelchair  Walker  Braces

Transfer Help

Orthopedic Fixation

Please Describe

**Parkinson's**  
**Please Describe**

**Polio / Post Polio**  
 **Wheelchair**  **Walker**  **Braces**  
**Transfer Help**

**PTSD**  
 **Military Related**  
**Onset**  
**Cause**

**Seizures**  
 **PetitMal**  **GrandMal**  **Tonic Clonic**  
**Last Seizure**

**Spina Bifida**  
 **Wheelchair**  **Walker**  **Braces**  
**Transfer Help**

**Comments**

**Spinal Cord Injury**  
**Level**  
 **Partial**  **Full**  
 **Wheelchair**  **Walker**  **Braces**  
**Transfer Help**



For the best possible 'snow sports day' please provide us with information on how to best motivate the participant, and/or things we should not do:

If you are a veteran please fill out this section. To earn our grant for your lessons we need all this information

I am a US military veteran

Branch of Service:

Rank at discharge (please do not enter your pay grade):

I have combat related injuries

Date of injury

Place of Injury (the geographic location)

I am a member of the LGBTQ community

I am of Hispanic, Latino or Spanish Origin