

PARTICIPANT INTAKE FORM

Once an individual is deemed eligible to participate in the program, the Referring Agency Liaison will complete the **Participant Intake Form**

GENERAL INFORMATION

PARTICIPANT INFORMATION

Participant Name: _____

Participant Address: _____

Participant Phone number: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Contact Phone Number: _____

Relationship to Participant: _____

HUMAN SERVICE AGENCY AFFILIATION

Are you a participant/client of any local Human Service Agencies?

Yes

No

If yes, which ones?

MOBILITY NEEDS

Do you require a wheelchair?

- Yes
- No

Do you have difficulties with your vision?

- Yes
- No

Do you require an escort?

- Yes
- No

Do you have difficulties with your hearing?

- Yes
- No

Do you require a service animal?

- Yes
- No

Do you have difficulty with any aspect of mobility?

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Balance | <input type="checkbox"/> Coordination |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Moving around |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Endurance |
| <input type="checkbox"/> Negotiating steps | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Sitting down | <input type="checkbox"/> Walking long distances |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Other: |

Describe difficulties:

COMMON TRIPS

Please describe five of your most common medical trips and if there are any certain days of the week or times of the day that you typically make that trip:

Medical Trip #1:

To: _____

Day/Time (if applicable): _____

Medical Trip #2:

To: _____

Day/Time (if applicable): _____

Medical Trip #3:

To: _____

Day/Time (if applicable): _____

Medical Trip #4:

To: _____

Day/Time (if applicable): _____

Medical Trip #5:

To: _____

Day/Time (if applicable): _____

REFERRING AGENCY INFORMATION

Referring Agency: _____

Referring Agency Liaison: _____

Interview Completed by: _____

Date of Interview: _____

Notes: