

Part 5: Medical History Form

(To be completed by physician)

Dear Doctor,

The following individual is applying for an autism service dog from BluePath Service Dogs, Inc. It is our mission to provide autism service dogs, offering safety, companionship and opportunities for independence. Autism service dogs are trained to stop children from wandering into unsafe environments and have been shown to have a positive impact on communication, behavior and social interactions. For more information on BluePath Service Dogs, please call 845-377-0477.



Date: _____

Please release to BluePath Service Dogs Inc. any requested information as it relates to my child's condition. The information will not be used for any other purpose than any other purpose than to evaluate the appropriateness of a service dog placement for my child and to help guide ancillary services should they be provided. BluePath will keep this information confidential and will not share it with anyone but the professional staff of any agency that is involved in helping to provide services to me.

Parent/Guardian Signature: _____

Print Name: _____

Patient's Name: _____ Gender: _____

Doctor's Name: _____ Phone #: _____

Address: _____

Date of last exam: _____ Patient since: _____

Height: _____ Weight: _____

Patient Diagnosis: (attach additional sheet if necessary)

Effect of condition on individual's ability to perform Activities of Daily Living or ADL ("ADL" shall refer to the ability to meet personal care needs, i.e. feeding, toileting, dressing, etc.):

Cognitive Evaluation of Patient:

Does this individual have any allergies? If so, please list and describe symptoms:

	YES	MINIMALLY	NO
A) Able to exercise judgment and decisions necessary for ADL	()	()	()
B) Able to sustain attention	()	()	()
C) Able to follow instructions	()	()	()
D) Able to acquire a new skill	()	()	()
E) Able to control own movement	()	()	()
F) Receiving medication which impacts functioning	()	()	()

Is there any other medical information you feel BluePath Service Dogs Inc. should know when considering this patient's application for a service dog? Please list:

Do you have any reservations about this patient receiving a service dog? (circle one) **YES NO**

If yes, please explain:

Doctor's Signature: _____

Parent/Guardian Signature: _____