



Date of inquiry:

Name:

Address including city/town and state:

Phone:

Email:

Date of birth:

Age:

What is your primary diagnosis?

Are you a veteran? If so what division?

Is your diagnosis due to your military service?

Are any family members veterans? If so who?

Height:

Weight:

Do you have a handicap plate or placard?

Do you work? If so, please describe your job, i.e., what you do, your work environment, is there any physical activity required?

Do you drive?

Do you have a yard?

If so, is it fenced in?

Do you volunteer? If so, where?

Other household members including pets: