

Current number of hours of attendant care per week: _____

Does patient...(Circle all that apply)

Drive Ride buses Fly Driven by others Travel distances on foot/wheels
Other: _____

ADL = Activities of Daily Living

Is this patient:

Please Circle Below

- | | | | |
|--|-----|-----------|----|
| A. Able to exercise judgment and make decisions necessary for ADL? | Yes | Minimally | No |
| B. Able to sustain an attention span? | Yes | Minimally | No |
| C. Manifesting inappropriate behavior Beyond his/her control? | Yes | Minimally | No |
| D. Able to control physical and motor Movement sufficient to sustain ADL? | Yes | Minimally | No |
| E. Capable of perception and memory to the degree necessary to sustain ADL? | Yes | Minimally | No |
| F. Able to follow directions and learn To the degree necessary to sustain ADL? | Yes | Minimally | No |
| G. Under medication which impairs Physical or mental functioning? | Yes | Minimally | No |
| H. Capable of decisions concerning self and others needs and safety? | Yes | Minimally | No |

Can you recommend this individual for an assistance dog?.....[] Yes [] No

Do you feel the assistance dog program might benefit from a consultation with you?
.....[] Yes [] No

Comments: _____

Physician Signature: _____ Date _____