



## **Adaptive Recreation Client Intake Form Bloomsburg Area YMCA & Geisinger Health Plan**

### **Participant Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male/Female

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

### **General Medical Information:**

Primary Medical Diagnosis: (Please specify disability or special needs)

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**Medical Information:** Please check if you have a history of any of the below conditions:

- Asthma/Breathing     Anxiety/Panic Disorders     Heart Condition  
 Seizures     Headaches/Migraines     High Blood Pressure  
 Skin Condition     Other, please explain \_\_\_\_\_
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Please explain any that you may have: \_\_\_\_\_

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Does your child have any of the following? Check all that apply-

- Catheter     Shunt  
 Spinal Stabilization     Assistive Braces (AFO,etc.)  
 Assistive Devices (Wheelchair, Cane, Crutches, Walkers, etc.)  
 Other, please specify: \_\_\_\_\_
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**Physical Restrictions:** Check all that apply and Describe-

- Head \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Torso \_\_\_\_\_  
 Upper Extremities \_\_\_\_\_  
 Lower Extremities \_\_\_\_\_

**Visual:** Check all that apply-

- Wears Glasses  
 Is Visually Impaired with or without glasses on  
 Double Vision  
 Visual Field Loss  
 Peripheral Blindness  
 Other, if so, please specify \_\_\_\_\_
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**Hearing:** Check all that apply-

Do you have any hearing impairments? If so, please describe

- Left Ear Affected
  - Right Ear Affected
  - Both Ears Affected
  - Do you use a hearing aide?
  - Other, if so, please specify\_\_\_\_\_
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**Emotional/Behavioral:** Check all that apply-

- Are you ever impulsive?
  - Are you easily frustrated?
  - Are you easily angry?
  - Do you ever get physical when upset? Please describe in detail:\_\_\_\_\_
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Do you ever verbally lose control when upset? Please explain in detail:

What are ways that you do to help yourself calm down? Please describe:\_\_\_\_\_

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**Communication:** Check all that apply-

- Do you have difficulty speaking or communicating?
  - Do you have difficulty making needs known to others?
  - Do others have difficulty understanding you?
  - Is it hard for you to remember things?
  - Is it hard for you to learn new things?
  - Do you use any nonverbal communication? If so, please explain:\_\_\_\_\_
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**Recreational Interests:** Check all that apply-

- Football       Basketball       Baseball       Soccer
- Hockey       Racket Sports (Tennis/Pickleball)       E-sports
- Board/Card Games       Cornhole       Boccia       Archery
- Bowling       Volleyball       Music       Dancing       Arts & Crafts
- Sensory activities (Kinetic sand, Fidgets, etc.)
- Other, please specify: \_\_\_\_\_

**Miscellaneous:**

Is the participant currently engaged in any physical activity? If yes, please describe:

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What are your goals/expectations for this program?

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How did you hear about this program?

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