



# Parrots For Patriots Emotional Support & Service Dog Application



## Application Part L; (1 of 5)

### Medical History Release Form

**\*Please ask your physician or therapist to complete this form.**

**Sign the release below and ask your physician to return it directly to Parrots for Patriots.**

Patient's Last name \_\_\_\_\_ First \_\_\_\_\_  
Sex: \_\_\_ Date of Birth \_\_\_\_\_

#### **Release of Medical Information**

This authorizes you to release information regarding my condition to Parrots for Patriots Inc. This information will be used to evaluate and assess my situation and is essential for Parrots for Patriots to train a service dog to increase my independence.\* All information is confidential.

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship or title and agency \_\_\_\_\_

\_\_\_\_\_

Agency name, address and phone number:

Agencies Name: \_\_\_\_\_

Agencies Address : \_\_\_\_\_

Agencies Address : \_\_\_\_\_

City State Zip Code

Agencies Phone number: \_\_\_\_\_

Agencies E- mail address : \_\_\_\_\_

**\*Please PRINT of this entire application FIRST, before clicking on the submit button.**

**\*Keep a copy for your records. Then take pages 13 – 17 to your doctor and have them complete the application. Scan a copy for your records, and send mail the originals mail them to our address below.**

**Mail to: Parrots for Patriots Emotional Support Dogs  
13215 SE Mill Plain Blvd. C-8 # 101**



# Parrots For Patriots Emotional Support & Service Dog Application

**Vancouver, Washington 98684**

**Medical History Release Form**

**Application Part L; (2 of 5)**

**To the Physician or Therapist:**

\*We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.

If you have questions, please contact:

Parrots for Patriots Emotional Support Dogs

13215 SE Mill Plain Blvd. C-8 # 101

Vancouver, Washington 98684

[www.parrotsforpatriots.org](http://www.parrotsforpatriots.org)

**Practitioner's Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Date of last examination:** \_\_\_\_\_

**Length of association with patient:** \_\_\_\_\_

**What is patient's primary diagnosis?** \_\_\_\_\_

**What other conditions/diagnoses does the patient have?** \_\_\_\_\_

**Prognosis for duration of impairment(s):** \_\_\_\_\_

**Prognosis for progression of impairment(s):** \_\_\_\_\_

**Prognosis for lifespan:** \_\_\_\_\_

**Medications taken on a regular basis (please list):** \_\_\_\_\_

\_\_\_\_\_

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# Parrots For Patriots Emotional Support & Service Dog Application



## Medical History Release Form

### Application Part L; (3 of 5)

**How severe is the patient's mobility impairment? (Please circle)**

None \_\_\_\_\_ Needs assistive device \_\_\_\_\_ Needs full-time care \_\_\_\_\_  
 1 2 3 4 5

**How severe is the patient's visual impairment? (Parrots for Patriots does not train dogs to assist visual impairment.)**

None/correctible with glasses \_\_\_\_\_ Needs assistive device \_\_\_\_\_ Blind \_\_\_\_\_  
 1 2 3 4 5

**How severe is the patient's auditory impairment? (Parrots for Patriots does not train dogs to assist auditory impairment.)**

None \_\_\_\_\_ Needs assistive device \_\_\_\_\_ Deaf \_\_\_\_\_  
 1 2 3 4 5

**How severe is the patient's cognitive impairment?**

None \_\_\_\_\_ Often needs assistance \_\_\_\_\_ Needs full-time care \_\_\_\_\_  
 1 2 3 4 5

**Do limitations affect patient's ability to control his/her own behavior?**

Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Poor self-control \_\_\_\_\_  
 1 2 3 4 5

**How effective is the patient at handling and overcoming their limitations?**

Ineffective \_\_\_\_\_ Moderate \_\_\_\_\_ Very competent \_\_\_\_\_  
 1 2 3 4 5

**How reliable is the patient – on time for appointments, compliant with medications, etc.?**

Unreliable \_\_\_\_\_ Moderate \_\_\_\_\_ Very reliable \_\_\_\_\_  
 1 2 3 4 5

**To what degree do limitations affect patient's ability to perform Activities of Daily Living\* (ADL):**

Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Totally reliant \_\_\_\_\_  
 1 2 3 4 5



# Parrots For Patriots Emotional Support & Service Dog Application

## Medical History Release Form

### Application Part L (4 of 5)

\* **Activities of Daily Living (ADL)** ; refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

#### **Cognitive and Emotional Evaluation of Patient:**

**Yes Minimally No**

- A. Able to exercise judgment and make decisions necessary for ADL \_\_\_\_\_
- B. Able to sustain attention span \_\_\_\_\_
- C. Manifesting inappropriate behavior beyond his/her control \_\_\_\_\_
- D. Able to control physical or motor movement sufficient to sustain ADL \_\_\_\_\_
- E. Capable of perception and memory to the degree necessary to sustain ADL \_\_\_\_\_
- F. Able to follow directions and learn to the degree necessary to sustain ADL \_\_\_\_\_
- G. Under medication which impairs functioning \_\_\_\_\_
- H. Capable of decisions about personal and others' needs and safety \_\_\_\_\_

**Is incapacity due to or affected by patient's alcoholism or drug abuse?**  Yes  No

**IF YES:**

A. Has patient ever been in treatment facility?  Yes  No

If yes, when and duration? \_\_\_\_\_

B. Has permanent damage resulted?  Yes  No

C. Has patient refused treatment or referral to a treatment center?  Yes  No

**Additional Comments or Remarks:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Parrots For Patriots Emotional Support & Service Dog Application

## Medical History Release Form Application Part L (5 of 5)

### Parrots for Patriots Service Dogs may be skilled at the following tasks:

- Manners and obedience
- Retrieve dropped articles
- Push Lifeline or 911 button
- Find and retrieve phone
- Find help
- Retrieve from refrigerator
- Push handicap buttons
- Turn lights off and on
- Open and close doors
- Enhance balance while walking
- Enhance balance while going up or down stairs
- Provide brace for transfers or getting up from floor/chair
- Assist in pulling wheelchair
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take items to another person
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off

Parrots for Patriots emotional, service and Social dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving a Parrot for Patriots dog? If so, please describe: \_\_\_\_\_

Can you recommend that this patient receive a Parrot for Patriots dog?  Yes  No

Why or Why Not? \_\_\_\_\_

Do you feel that the Parrots for Patriots veteran is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (We estimate \$2000/ yearly)  No  Yes

May we contact you with questions?  No  Yes

**Additional Comments or Remarks:** \_\_\_\_\_

**Printed Name of physician or therapist:** \_\_\_\_\_

**Signature of physician or therapist:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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