Entry Application

E3FITNESS

DATE OF APPLICATION

☐☐ / ☐☐ / ☐☐

PERSONAL INFORMATION

Applicant Name

Parent/Guardian Relationship

Date of Birth : ☐☐ / ☐☐ / ☐☐

Email :

Gender : ☐ Male ☐ Female

Emergency Contact Emergency #

Phone : zip Code :

ADDRESS

Present Address :

City State

Zip Code :

E3 FITNESS

A : 2646 West Main Street, Salem VA 24153

P : 540 407 2227 E : info.e3fitness@gmail.com

Parent/Guardian Signature

THANK YOU FOR APPLYING

CONFIDENTIAL

Medical History:

Please list all diagnoses

Diagnosis/Diagnoses:

Please list any allergies: (Attach additional sheet if necessary.)

Environmental _____
Food _____
Medication _____

Are you medically stable? _____Yes _____No
If no, please explain:

Do you now, have or have you ever, had seizure activity? _____Yes _____No
If yes, please explain:

Is your vision within normal limits? _____Yes _____No
If no, please explain:

Do you have any unusual responses to visual stimuli? _____Yes _____No
If yes, please explain:_____

Is your hearing within normal limits? _____Yes _____No
If no, please explain:

Do you have any unusual response to auditory stimuli? _____Yes _____No
If yes, please explain:

Have you been diagnosed with an auditory processing disorder? _____Yes _____No
If yes, please explain:

Do you have any unusual responses to touch or other tactile stimuli? _____Yes _____No
If yes, please explain:

Do you have any physical limitations? _____Yes _____No

Have you had any surgery's? _____Yes _____No
If no, please explain/ dates of surgery:

Educational History: Please list schools, therapy programs, home programming and treatments currently receiving.
Name of schools or programs:

Types of therapies receiving (ABA, Speech, OT, PT, etc)

Behavior

Please indicate below any problem behavior demonstrated, both minor and those of great concern. Attach additional sheets if necessary.

Aggression towards others? Please explain by describing situations likely to trigger and type of aggression (hitting, biting, etc.):

Aggression towards self? Please explain by describing situations likely to trigger and type of aggression (hitting, biting, etc.):

Highly disruptive behavior? Please explain Please explain by describing situations likely to trigger and type of behavior (screaming, cursing, etc.)

Other
What modes of communication are used? ____none _____vocal ____ASL ____adapted sign ____PEC

____Assistive Technology (e.g. Dynavox, Proloqou, etc.) Please list:

List things that are reinforcing (e.g. praise, electronics, music, bubbles, food)

Please list any other feedback or important information here:
