

**Shirley Ryan AbilityLab Adaptive Sports & Fitness Program
Participant Intake Form**

I am interested in Participating in: Functional Fitness Adaptive Sports Program Only

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home or Work Phone: (____) _____

Date of Birth: ____/____/____ Email: _____

Military Veteran: YES NO

We never sell or share your email address. By providing your email, you opt in to receiving important program information, appointment reminders and other direct communication. We also send an occasional newsletter.

Check box if you wish to opt out of receiving newsletters and program updates. Note we will still send appointment remainders, direct communications, and other important program information.

Diagnosis:

____ Amputation: Level: ____ ____ Head Injury/TBI ____ Spinal Cord Injury: Level ____ Complete/Incomplete
 ____ Cerebral Palsy ____ Multiple Sclerosis ____ Stroke
 ____ COPD ____ Parkinson's disease ____ Visual Impairment
 ____ Other: (Explain disability) _____

Is disability: Congenital (*present at birth*) YES NO or Acquired or diagnosed on this date: ____/____/____

Cause of disability _____

Allergies: _____

Please indicate if you have:

Seizures	YES	NO	How many in the past 12 months: _____	Date of most recent seizure: ____/____/____
Diabetes	YES	NO	Use Insulin YES NO	Heat Related Problems YES NO
Heart Disease	YES	NO	Asthma YES NO	High Blood Pressure YES NO
Other: _____				

I am currently receiving outpatient physical therapy: YES NO

If yes, are you receiving physical therapy at a Shirley Ryan AbilityLab location? YES NO

I give permission to the Shirley Ryan AbilityLab, Adaptive Sports and Fitness Program and/or representatives from local competing organizing committees and/or local sport team representatives, to seek medical care on my behalf in the event of an emergency.

Signature of participant: _____ Date: ____/____/____

Signature of Therapist (*If applicable*): _____ Date: ____/____/____

<p>Mail Completed Form To: OR</p> <p>Shirley Ryan AbilityLab Adaptive Sports & Fitness Center</p> <p>541 N. Fairbanks Court, Mezzanine, Chicago, IL 60611</p>	<p>Email Completed Form To: sports@sralab.org</p> <p>Fax Completed Form To: 312-238-5017</p> <p>Call 312-238-5001 with questions</p>
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