



RECREATIONAL/

THErapy APPLICATION

REHABILITATIVE

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

DOB: _____ Height: _____ Weight: _____

Emergency Contact: _____

Branch of Service:

	Name				Phone			
_____	_____	_____	_____	_____	_____	_____	_____	_____

Rank: _____ MOS: _____ Deployment: _____

Date of Onset: _____ Rank: _____ VA Rating: _____

Name of OEF/OIF Coordinator: _____ Phone: _____

Date of Discharge: _____ Type of Discharge: _____

Diagnosis: _____

Independent Ambulation: _____ Y _____ N Assisted Ambulation: _____ Y _____ N Wheelchair: _____ Y _____ N

Past Surgeries: _____

Medications: _____

Special Needs / Precautions / Seizures: _____

Mobility: _____

Braces / Assistive Devices: _____

Please indicate special needs in the following systems/areas

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/ Psychological			
Pain			
Other			

Have you participated in any similar programs or rehabilitative or therapeutic programs? If so, Please list the name of the sponsoring organization, type of session attended and dates attended.

In the past 10 years have you ever been convicted of, or pled guilty or no contest to, any criminal offense? If so, please list offense, date of offense, and final outcome of case.

Pending charges: Have you ever been arrested for any matters for which you are now out on bail or your own recognizance pending trial? If so, please list the offense, and date of offense.

Given the above diagnosis and medical information, the applicant is not medically precluded from participation in the recreational therapy activities. I understand that Honoring Our Veterans will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Honoring Our Veterans for ongoing evaluation to determine eligibility for participation.

Name / Title: _____ MD, DO, NP, PA, Other _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Honoring Our Veterans Warrior Code of Conduct

- 1. Veterans and staff are expected to uphold the highest standards of personal conduct, and respect at all times.**
- 2. Please be mindful to avoid profanity in public gatherings.**
- 3. Appropriate attire is expected at our events. Almost all are very casual, but clothing with crude or inappropriate graphics and/or text will not be permitted.**
- 4. Excessive alcohol use will result in immediate dismissal from the session and return to home or duty station. Those whose duty station prohibits alcohol consumption on events like this, or with a medical contraindication to alcohol ingestion will be required to refrain from consuming alcohol for the duration of the session, with the same penalty resulting if violated.**
- 5. Any activity that is deemed disrespectful or highly inappropriate by the HOV staff will result in an immediate review and possible dismissal from the session.**
- 6. Any questions regarding this policy, or another participant's behavior, should be directed to Executive Director, Sandy Sandberg.**

We hope your stay with us in Jackson Hole is pleasant, fun, and memorable, and that you are mindful of the above code of conduct while you are here.

Signature: _____ Date: _____