

Student Information Form

To be completed *before* lesson commences

Name: _____

D.O:B: _____

Address in Beitostølen: _____

Tel: _____

Sex: Male / Female

Weight: _____

(90 kg Max. weight for sit equipment)

Height: _____

Medication (dosage, frequency, reason for use):

Please describe your disability:

Surgical procedures (including dates): _____

General physical condition: _____

Do you have seizures? Yes / No

If "yes": Date of last seizure: _____

Type of seizure: _____

Do you have a shunt? Yes / No

Any allergies? Yes / No

If "yes" please list: _____

Do you have any bladder or bowl adaptations?

Yes / No

Mobility (please circle):

Un-aided Walker Crutches Braces Wheelchair

Please list any problems with muscle tone, range of motion or strength. Also note any spasticity, paresis or paralysis:

Please check any of the following that apply to you:

- Poor circulation in limbs
- Diabetes
- Cardiovascular problems
- Vision loss
- Hearing loss
- Sensory loss
- Respiratory problems
- Low endurance (fatigue)
- Communication difficulties
- Other: _____

Behaviour and general attitude

1 = normal

2 = mild problems, interferes infrequently

3 = moderate problems, interferes infrequently

4 = severe problems, interferes constantly

Please enter above number to items below

- Frustration tolerance
- Hostility
- Confusion
- Anxiety
- Distractibility
- Impulsivity
- Following directions
- Problem solving
- Slowness of speech
- Spatial disorientation
- Memory loss (short-term)
- Memory loss (long-term)
- Temper
- Ability to self correct
- Aphasia

Please note any additional information that would assist us with your ski experience: _____

What are your goals for your skiing experience?

List names of other family members or friends who will be skiing with you: _____
