Sportable Athlete Information Form Date: _____

Athlete Information
Name: _____
Address: _____
City/State/Zip: _____
Cell Phone: _____
Email: _____

Emergency Contact Information
Name: _____
Relationship: _____
Cell Phone: _____

Health History
Gender: ☐ M ☐ F Birthdate: ___/___/____ Age:___ Height: ___'___" Weight: ____lbs
Primary Disability: _____ Year of Diagnosis: _____
Secondary Disability: _____ History of Seizures: ☐ Y ☐ N
Seizure Type: ☐ Petite Mal ☐ Grand Mal ☐ Other: _____ Seizure in the past 24 mos: ☐ Y ☐ N
List indicators for the seizures and how often they occur:_____
Allergies: _____
Medications: _____
Spinal Cord Injury: ☐ C1-C8 ☐ T1-T6 ☐ T7-T12 ☐ L1-L5 ☐ S1-S5 ☐ Complete ☐ Incomplete
Mobility (mark all that apply): ☐ Walks Independently ☐ Walks w/ Assistive Device-Type: _____
☐ Manual w/c ☐ Power w/c ☐ Prosthetic or Orthotic-Type: _____
Transfer Ability: ☐ Transfers Independently ☐ Transfers Self w/ Assistance ☐ No Ability to Transfer Self
☐ Can Bear Weight w/ Assistance ☐ Cannot Bear Weight

Secondary and Other Conditions

☐ Easily Fatigued	☐ Back Pain	☐ Partial Hearing Impairment	☐ High Blood Pressure
☐ Autonomic Dysreflexia	☐ Hemispacial Neglect	☐ Partial Vision Impairment	☐ Anxiety
☐ Temp. Reg. Difficulties	☐ Sensitivity to Noise	☐ Shunt	☐ Heart Problem
☐ Hemiparesis	☐ Sensitivity to Light	☐ Aphasia	☐ Ataxia
☐ Arthritis	☐ Diabetes	☐ Asthma or Other Respiratory	☐ Fibromyalgia

Check any of the following which relate to or are impacted by your disability

☐ Ability to Self-Control	☐ Speech Intelligibility	☐ Range of Motion	☐ Balance
☐ Decision Making	☐ Spatial Orientation	☐ General Strength	☐ Endurance
☐ Concentration	☐ Learning Ability	☐ Muscle Tone	☐ Gross Motor
☐ Memory	☐ Following Directions	☐ Upper Body Strength	☐ Fine Motor
☐ Frustration Tolerance	☐ Switching Attention	☐ Lower Body Strength	☐ Torso Control

What is your form of communication? ☐ Verbal ☐ Nonverbal ☐ Sign Language ☐ Other: _____

Health Status
Any recent surgeries: ☐ Y ☐ N If so, when? _____
Is there any other information we need to know about your health status?
_____
_____

Recreation Info
How many days per week are you currently active? ☐ 0 Days ☐ 1-2 Days ☐ 3 Days ☐ 4-5 Days ☐ 6-7 Days
Do you participate in activities or sports outside of Sportable: ☐ Y ☐ N
If so, what? _____
Do you own your own adaptive sports equipment: ☐ Y ☐ N If so, what? _____
What is your learning style: ☐ Visual ☐ Auditory ☐ Kinesthetic ☐ Reading ☐ Other: _____

To submit this form, please download and save to your computer's hard drive or desktop. Email the completed form as an attachment to the Program Director responsible for your sport or to info@sportable.org.