Colorado Discover Ability Information Brief

PARTICIPANT INFORMATION:
Today's Date:
Name of Participant:
Are you a Veteran? □ Yes □ No □ Pre 2001 □ Post 2001
Branch: Rank: Wars Served:
Date of Birth:
Gender:
Address:
City:
State: Zip:
Home Phone:
Cell Phone:
Email Address:
Payment Method: □ Cash □ Check □ Visa/Master Card □ Bill to_________________
Race/Ethnicity: □ Hispanic/Latino □ Black/African American □ White □ American Indian/Alaskan Native □ Asian □ Native Hawaiian or Other Pacific Islander □ Two or More Races (Not Hispanic or Latino)
Parent/Guardian or Emergency Contact Name:
Relationship:
Telephone Number:
How did you hear about CDA?
Are you requesting financial assistance? □ Yes □ No If yes, Please fill out a financial assistance application and include it with this paperwork for consideration. Annual Household Income_______________________ Number of people in Household___________________
How long have you been with CDA? New_______________________ Since_________________________
Height: :
Weight:
Hip Width (Needed for Equipment Purposes):
Shoe Size:
T Shirt Size:
Do you partake in physical activity? □ Yes □ No
What kind?
How often: □ Daily □ Weekly □ Monthly □ Seasonal □ Just Beginning □ Other
Rate your upper body strength: (Poor) □ 1 □ 2 □ 3 □ 4 □ 5 (Excellent)
Rate your upper balance: (Poor) □ 1 □ 2 □ 3 □ 4 □ 5 (Excellent)

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Describe any physical weakness you may have:

DISABILITY/MEDICAL INFORMATION:

What is your disability? Please be as detailed as possible:

□ Neuromuscular________________ □ Orthopedic_________________ □ Cognitive_________________
□ Hearing Impaired □ Vision Impaired □ Other (Please Specify)_________________

Date of Injury/Onset:

How Injury Occurred:

Where Injury Occurred:

Have you sustained a traumatic brain injury?	□ Yes	□ No	
If yes, what is the severity of TBI?	□ Mild	□ Moderate	□ Severe
List the major ways your TBI affects your daily living:			
Do you have combat stress/PTSD?	□ Yes	□ No	
If yes, what is the severity of combat stress/PTSD?	□ Mild	□ Moderate	□ Severe
Please describe any situations that amplify your stress (i.e. crowds, loud noises, etc.):			
Are you able to walk?	□ Yes	□ No	
If yes, what percentage of the day?			
Do you use a mobility assistance device?	□ Yes	□ No	
If yes, which type?			
Does it fold?	□ Yes	□ No	
Are you able to walk up and down stairs?	□ Yes	□ No	
If yes, approximately how many?			
If you use a wheelchair, are you independent with your transfers?	□ Yes	□ No	
Can you transfer into a large vehicle (i.e. 15 Passenger/SUV)?	□ Yes	□ No	
Do you have a visual impairment?	□ Yes	□ No	
If so, please describe the severity/type:			
Do you have a hearing impairment?	□ Yes	□ No	
If so, please describe the severity/type:			
Do you wear any sort of spinal stabilization?	□ Yes	□ No	
If so, please describe:			

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Due to your injury, are any areas of your body susceptible to impact/heat/cold?	□ Yes	□ No
If yes, please describe:		
If you have any eating, bowel/bladder, dressing, attendant use, sleeping difficulties, or similar issue that require assistance or special needs, please tell us about them here so we may accommodate you.		
If yes, please describe:		
Please describe any cardiac problems you have:		
Have you had a seizure in the last 2 years? □ Yes □ No	In the last 6 months?	□ Yes □ No
Please describe any other medical conditions/allergies/sensitivities or food restrictions:		
Will you be bringing any special foods with you?	□ Yes	□ No
If yes, what food, how much, and does it require special handling (i.e. refrigeration)?		
Do you Carry an epi-pen?	□ Yes	□ No
Are you currently taking any medications?	□ Yes	□ No
*If yes, please list them:		
Do any of your medications require special handling (i.e. refrigeration or protection from light)?	□ Yes	□ No
If yes, what are the special handling requirements? *Note: For overnight and extended trips, Colorado Discover Ability strongly urges you to bring a double medication supply so it can be kept in 2 separate places for you. This is for your protection!*		

ON-SNOW EXPERIENCE:

Which lesson type would you like?:	□ Ski	□ Snowboard				
Have you skied/snowboarded before?	□ Yes	□ No				
Have you skied/snowboarded since your injury?	□ Yes	□ No				
Last approximate date skied/snowboarded:						
I would rate my skiing ability as: (Beginner)	□ 1	□ 2	□ 3	□ 4	□ 5	(Advanced)
Type of terrain skied:	□ Green	□ Blue	□ Black	□ Bumps		

EQUIPMENT INFORMATION:

What equipment do you use? Check all that apply:

□ Alpine Skis □ 3 Track w/ Outriggers □ 4 Track w/ Outriggers □ Bi-Ski □ Monoski
□ Vision Impaired Bib/Guide □ Hearing Impaired Bib/Guide □ Snowboard □ Unsure

Will you be bringing your own equipment? □ Yes □ No

Summer Programs:

Have you had any boating and river experience before? □ Yes □ No

If yes, tell us about them (when and where).

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Will you need special boat seating? ☐ Yes ☐ No
If yes: ☐ Rigid ☐ Arm Supports ☐ Crazy Creek ☐ Other _____________
Swimming Ability: ☐ Afraid of water ☐ Can't swim ☐ Can Float ☐ Can swim at least 50 yards ☐ Love the water
Have you been camping before? ☐ Yes ☐ No
If yes, when did you last camp and for how long?
Have you been cycling this season? ☐ Yes ☐ No
If yes, when and for how long?
What type of bike are you most comfortable on? ☐ I have my own ☐ 2 Wheel ☐ Trike ☐ Recumbent ☐ Tandem ☐ Other

OTHER INFO:
Please list any other information about yourself that you would like to share:

Signature____Date ___________________________

Printed Name ____

We appreciate your time in completing this information sheet. The more information we have, the better we can prepare to ensure that your activities are safe, comfortable, and enjoyable.

Please return this form no later than five days prior to activity to:

E-mail office@coloradodiscoverability.org

Administrative Office:
Colorado Discover Ability
740 Gunnison Ave. Suite 105
Grand Junction, CO 81501
Phone: (970) 257-1222
Fax: (970) 241-2154

Mailing Address:
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Grand Junction, CO 81502