



**MOUNTAIN HIGH ADAPTIVE PROGRAM
INTAKE SHEET (MEDICAL QUESTIONNAIRE)**

In order to safely provide this service, Mountain High requests that you complete the following information. If you have any questions or concerns regarding your participation in the program, please contact the program Supervisor, Bob Mourino at 760-316-7862.

Y	N	Orthopedic	Details	Y	N	Medical/Psychological	Details
		Neurologic Symptoms				Allergies	
		Atlantoaxial Instability				Cardiac Conditions	
		Coxarthrosis				Physical Abuse	
		Cranial Defects				Emotional Abuse	
		Heterotopic Ossification				Blood Pressure Control	
		Joint Subluxation				Dangerous to self	
		Dislocations				Exacerbations of Medical	
		Pathologic Fractures				Conditions	
		Spinal joint Fusion				Hemophilia	
		Spinal Instability/abnormal				Medical Instability	
		Amputations				Migraines	
Y	N	Neurologic	Details			Peripheral Vascular Disease	
		Hydrocephalus/Shunt				Respiratory Compromise	
		Seizures Types				Recent Surgeries	
		Last six (6) months				Substance Abuse	
		Spina Bifida/Chiari II				Thought Control Disorders	
		Tethered Cord/Hydromyelia				Other	
Y	N	Other	Details			Wheel Chair	
		Indwelling Catheters				Self-transfer	
		Medical Equipment				Walker	
		Poor Endurance				Scooter	
		Skin Breakdown					
		Blood Thinners					
		Current Medications					
		Visual Impairment					

Given the diagnosis and medical information voluntarily provided, the participant is not precluded from participation in the adaptive program. I understand that Mountain High will weigh the medical information given against the existing industry standard precautions and contraindications. Therefore, I submit this information to the Program Administrators of Mountain High Resort with the understanding that this is an ongoing evaluation to determine eligibility for my participation. I understand certain medical conditions/diagnoses may require additional information from a personal health care provider.

Signature: _____

Date: _____

Print Name: _____

Relationship to Participant: _____