611 Granite Springs Rd,
Yorktown Heights, NY 10598

PHONE 914 243-2216
FAX 914 243-2232
EMAIL nursing@guidingeyes.org

PHYSICIAN'S REPORT

Client Name: ____ **Date of Birth:** ______________________

Physician's Name: ____

Phone: _____________________________________ **Fax:** ____

Your client has applied to our school for a guide dog. Acquiring complete medical information is essential in determining if the applicant can complete our program successfully. Please check yes or no for each item in every category and provide explanations when applicable.

Diagnoses/Significant Health Conditions (Include a *Medical History Summary* if available)

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Current Medications (Complete or attach a printed list)

Medication:	Dose:	Frequency:	Diagnosis:

Does the client take medications independently? ☐ Yes ☐ No

***__Medication Allergies/Sensitivites:__*____ ***

TUBERCULOSIS <u>SCREENING</u> IS REQUIRED FOR ALL PLANNING TO TRAIN ON CAMPUS

Please complete standard TB risk assessment. If TB testing is indicated, testing is required for on campus training within two years of client's training start date.

☐ TB testing indicated ☐ No risk factors/test not indicated

PPD/TB test Results: ☐ Negative ☐ Positive Date: ____________________

If positive, chest x-ray is required: Date of x-ray: _________________ Result: ______________________

EKG TESTING REQUIRED FOR ALL CLIENTS WITH DOCUMENTED CARDIAC DIAGNOSIS

EKG Date (include report):_____________________ Reading:_________________

Client Name: ________________

General Physical Exam

Blood pressure: _________ **Pulse:** _________ **Height:** _________ **Weight:** _________

System	Normal Findings?	Comments/Description
Behavioral/Mental Health	☐ Yes ☐ No	
Cardiovascular	☐ Yes ☐ No	
Cognitive	☐ Yes ☐ No	
Ears/Nose/Throat	☐ Yes ☐ No	
Endocrine	☐ Yes ☐ No	
Extremities	☐ Yes ☐ No	
Gastrointestinal	☐ Yes ☐ No	
Head/Face/Neck	☐ Yes ☐ No	
Integumentary	☐ Yes ☐ No	
Genitourinary	☐ Yes ☐ No	
Musculoskeletal	☐ Yes ☐ No	
Neurological	☐ Yes ☐ No	
Pulmonary	☐ Yes ☐ No	

Please check any of the following conditions the client has and explain in space provided below.

☐ Seizures – **indicate type/frequency/date of last **	☐ Wear hearing aid/implants (please circle) Right/Left	☐ Substance abuse - **If in recovery, how long?**
☐ Sensory/Neurological Deficit	☐ Hearing loss	☐ Asthma
☐ Cognitive Impairment	☐ Altered gait	☐ Shortness of breath
☐ Memory Loss	☐ Syncope	☐ Cancer
☐ Traumatic brain injury	☐ Dizziness	☐ Infectious disease
☐ PTSD	☐ Excessive Fatigue	☐ Autoimmune disease
☐ Cerebral palsy	☐ Orthopedic injuries	☐ Adrenal insufficiency
☐ Neuropathy	☐ Chronic pain	☐ Diabetes
☐ Impaired mobility	☐ Uses adaptive equipment	☐ Organ transplant

Explain any conditions checked above:____

____

Food Allergies: ________________________________ **Recommended Diet:** ______________________

Does this client have an allergy to dogs? ☐ Yes ☐ No

If yes, what type of reaction do they experience? ____

Is this client treated by a Psychiatrist / Therapist? ☐ Yes ☐ No

Client Name: _______________

Hospitalizations/Procedures (within last year)

Date:	Reason:	Date:	Reason:

FOR CLIENTS WITH DIABETES

☐ Type 1 ☐ Type 2 Status of Diabetes: ☐ Stable ☐ Unstable

Indicate the client's prescribed management measures:

☐ Blood Sugar Testing ☐ Insulin Administration ☐ Insulin Pump

☐ Dietary Restrictions ☐ Routine Foot Care ☐ Sliding Scale

Is client able to:

☐ Test blood sugar independently
Indicate Frequency:_____________

☐ Adjust insulin independently (per MD instructions)

Does the client consistently comply with all prescribed diabetes management measures? ☐ Yes ☐ No

A1C (date):___________ Frequency/Type Severe Hypo/Hyperglycemic Episodes:______________________

Can the client recognize signs of an impending reaction? ☐ Yes ☐ No

Please describe signs:____

Preferred glucose replacement in the event of Hypoglycemia? (apple juice, glucose)_____________________

Hospitalizations/Emergency Visits due to unstable blood sugar (dates): _______________________________
____

Will client's diabetes affect their ability to walk and care for a guide dog regularly? ☐ Yes ☐ No

If Yes, please explain:____

Physical Fitness/Stamina

Guiding Eyes for the Blind's two-week residential training program can be stressful at times. The program requires sustained physical, cognitive, emotional, and social functioning from 7am to 9pm, 6 days a week with rest periods and meal breaks. Clients are expected to be independent with their health care needs and able to adapt to dormitory style life. Clients in training walk ½ to ¾ mile routes with their dog twice a day, in all but extreme weather conditions. Guide Dogs typically range in size from 50 to 75 pounds, walk at a minimum speed of 1 to 1 ½ miles per hour, and exert a down and forward pull of at least 2 to 3 pounds. While walking, clients may experience sudden, brief increases in speed or pull, or be twisted by unexpected tugs to the left or right.

<u>Please rate client's physical fitness and stamina on the following criteria:</u>

☐ **Excellent** - Client is able to participate in vigorous physical activity such as running, playing vigorous sports and/or heavy aerobic or muscle building exercise.
☐ **Moderate** - Client is able to participate in moderate physical activity such as jogging, moderate aerobic or muscle building exercise for over 30 minutes with no breaks.
☐ **Mild** – Client is able to participate in mild physical activity such as walking, light aerobic or muscle building exercise for 30 minutes with no breaks.
☐ **Poor** - Client has difficulty with physical activity such as walking long distances and light exercise. Would need to take multiple breaks over 30 minutes of exercise.
☐ **Very Poor** - Client has difficulty with daily tasks - walking short distances, stairs or lifting/carrying items (5-15 lbs).

Client Name: ________________

Does this client suffer from any condition(s) limiting the following: standing, walking, carrying, lifting, stooping, squatting, bending, or participating in group interactions? Please specify the condition and recommended restrictions, precautions, or modifications:

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____

In your opinion will the client be able to walk at a moderate pace , for approximately one-half hour to one hour twice daily, in all but extreme weather?

☐ Yes ☐ No

If no, please explain:____

____

A guide dog can enhance a person's life in many ways, but also requires a great deal of care. A guide dog requires daily feeding, watering, grooming, and exercise (in form of guide work). In your opinion, will the client be able to care for an active dog?

☐ Yes ☐ No

If no, please explain:____

____

Our training program requires each client to stay on our campus and or work daily with their guide dog and our training staff. This program involves daily walking and working with their dog, classroom type lectures and providing their dog with numerous relief times. In your opinion, is this client physically, mentally and emotionally able to participate in our two-week program?

☐ Yes ☐ No

If no, please explain:____

____

Running Guide Consent

Guiding Eyes for the Blind offers a Running Guide program for qualified applicants who are active runners. Clients participating in this program will run or jog a minimum of 2 miles twice a week. Clients will be supervised by a Guiding Eyes for the Blind staff member. Please indicate if your client is medically stable and fit to participate in this program.

It is my medical opinion that this client ☐ can participate safely ☐ cannot participate safely

Based on my knowledge of this client and the information provided to me, it is my opinion that this client ☐ can ☐ cannot safely participate in the described course of instruction**.**

Physician's Signature *(required):* ____

Date of Exam: ______________________________ **Date of Report:** ______________________________