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AUSTRALIAN LIONS HEARING DOGS
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APPLICANT MEDICAL REPORT

PREAMBLE

This patient has applied to our organisation to receive, free-of-charge, a Hearing Assistance Dog. Because of various factors that can lead a delivery to fail, we would appreciate your professional report and comments.

In performing this examination, please consider the following:

1. If approved, the Hearing Assistance Dog will need to be an almost constant companion to the recipient. If the dog spent long periods away from the recipient, the dog may stop working.
2. The dog will need daily exercise as well as detailed ongoing training. This must be completed by the recipient.
3. The delivery of the dog can be demanding, physically and mentally, for the recipient. There is a lot to learn and go through in a limited amount of time.
4. As a dog has a working life of 10-13 years, any short-term placement is not considered as an option as it is a waste of valuable and limited resources for the delivering organisation.
5. Ownership of an Australian Lions Hearing Dog requires the ability to cope with ongoing management of the dog.

Your assistance in completing this medical report is essential to a successful assessment of the applicant.

Please ask the patient to return the report sealed in an envelope to us with the application form.

We greatly appreciate your time and assistance. Thank you.

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Medical Report

(THIS FORM IS TO BE COMPLETED BY A MEDICAL PRACTITIONER)

<u>PATIENT DETAILS</u>	
NAME	
DATE OF BIRTH	
ADDRESS	

HEIGHT:	WEIGHT:
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Does the patient have the following medical conditions:

<u>CARDIO VASCULAR</u>		
BLOOD PRESSURE	YES	NO
HEART DISEASE	YES	NO
PERIPHERAL VASCULAR	YES	NO
HYPERTENSION	YES	NO

<u>NEUROLOGICAL</u>		
CVA/TIA	YES	NO
VERTIGO	YES	NO
DIZZY SPELLS	YES	NO
EPILEPSY	YES	NO

COMMENTS:

<u>HEARING</u>				
HEARING LOSS:	MILD	MODERATE	SEVERE	UNKNOWN
HEARING AID/COCHLEAR IMPLANT	YES	NO		
MENIERES	YES	NO		

COMMENTS:

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<u>GENERAL</u>		
ALLERGIES (Please List)		
MEDICATION (Please List)		
VISION	AIDED	UNAIDED
ANY VISION ABNORMALITY	YES	NO
COMMENTS:		
DIABETIC	YES	NO
COMMENTS:		
<u>RESPIRATORY</u>		
ASTHMA	YES	NO
C.O.A.D.	YES	NO
ANY ABNORMALITY	YES	NO
COMMENTS:		
<u>MUSCULOSKELETAL</u>		
ARTHRITIS - OSTEO	YES	NO
ARTHRITIS - RHEUMATOID	YES	NO
MOBILITY AIDS	YES	NO
ANY ABNORMALITY	YES	NO
COMMENTS:		

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<u>PSYCHOLOGICAL</u>		
GOOD COMPREHENSION	YES	NO
COMPLIANCE WITH INSTRUCTIONS	YES	NO
DIAGNOSED PSYCHOLOGICAL/ PSYHIATRIC CONDITIONS	YES	NO
COMMENTS:		
ANY SIGNS OF SUBSTANCE ABUSE	YES	NO
How far is the Applicant capable of walking a dog on a daily basis?		
How did you communicate with the Applicant? (Verbal, Auslan, Written)		
Are there any physical or psychological considerations that could affect the applicant's eligibility to be a recipient of an Australian Lions Hearing Dog? E.g. Unsteady gait, dizzy spells, and mobility issues.		
COMMENTS:		
Name of Practitioner completing this report:		
Phone Number:		
Email:		

Thank you for your time and attention to this report to assist Australian Lions Hearing Dogs in assessing the applicant for a Hearing Assistance Dog.