



# dolphin aid application for support

Application form for dolphin assisted therapy in a dolphin aid certified therapy facility

Date of registration: \_\_\_\_\_

## Personal information of the patient

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  male  female

Street address: \_\_\_\_\_

Zip code: \_\_\_\_\_ Town: \_\_\_\_\_

Country: \_\_\_\_\_

Phone (during the day): \_\_\_\_\_ Phone (in the evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Which languages does your speak/understand? \_\_\_\_\_

\_\_\_\_\_

Are you living at home? If so, with whom do you live? (Include names and if any: age of siblings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not, where and with whom do you live? \_\_\_\_\_

\_\_\_\_\_

## Medical information (to be filled out by the the patient)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis and relevant medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what age did the disability occur? What is the cause of the disability?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Relevant medical history (hospitalizations, surgeries, examinations. When and why?)

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Medication (active ingredient, brand, dosage, since when, effects, possible side-effects):

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Are there any reactions to the medication in terms of over-sensitivity or paradoxical?

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Which doctors are involved in your treatment? (Name, specialty, hospital/practice, address, phone number, kind of treatment/guidance) – Please enclose all relevant medical reports!

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Which therapists are involved in your treatment? (Name, specialty, hospital/practice, address, phone number, kind of treatment/guidance) - Please enclose all relevant medical reports!

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Which previous therapies did you receive? What was the period and what were the effects?

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### **Questions about Dolphin Assisted Therapy**

Did you had previous Dolphin Assisted Therapy treatment? If yes, where and when?

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What were the results of the previous Dolphin Assisted Therapy sessions? (Please provide report if possible):

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Do you like being in water (swimming pool, the sea) or are you afraid?

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How would you describe your swimming abilities? Do you have swimming certificates?

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Do you have experiences with water therapy? If yes, how did this evolve and what was the effect?

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**How do you think you will react on swimming with the therapist and a dolphin in seawater that is 3 meters deep?**

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**What are your expectations of the effect of the Dolphin Assisted Therapy?**

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**Do you have any other remarks or questions that may be relevant to the question of whether dolphin assisted therapy is a good option for you?**

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**How can we help you?** \_\_\_\_\_

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**In order to improve our information, we would like to know how you became acquainted with dolphin aid e.V.**

newspaper     TV/Radio     advertisement     friends     Physician/therapist/hospital

When have you heard the first time from dolphin aid?

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

data protection: dolphin aid commits to treating all information strictly confidentially (especially personal data). during organisation of the dolphin assisted therapy, it might become necessary to pass your data onto others (e.g. the doctor in attendance).