

3. Please list any current medications and indicate what usage the medications are for.

4. Are you able to self-administer your own prescription medications?

Yes

No

5. Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or counseling? If so, please indicate which services.

6. Are you independent in self-care such as toileting, and basic hygiene?

- 7. Please provide any other medical information that you feel would be important regarding your participation in this program.**