



THE BRIDGE BETWEEN AUTISM AND THE WORLD

52 Kitchell Road, Denville, NJ 07834
<http://www.servicedogsandautism.com>
(201)247-8472

Parent/Guardian

Name _____ Parent/Guardian (circle one)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home: _____ Cell: _____ Other: _____

Emergency Contact: _____

Childs' Information

Name: _____ DOB: _____ Birth Order: _____

Sex: _____ Height: _____ Weight: _____

Other Children in Home:

Name: _____ Age: _____ Birth Order _____

Name: _____ Age: _____ Birth Order _____

Name: _____ Age: _____ Birth Order _____

Name: _____ Age: _____ Birth Order _____

Please indicate Conditions that apply. Please feel free to attach another page if necessary.

	N/A		Mild			Moderate			Severe		
Seizures	0	1	2	3	4	5	6	7	8	9	10
Panic Attacks	0	1	2	3	4	5	6	7	8	9	10
Violence											
Self	0	1	2	3	4	5	6	7	8	9	10
Others	0	1	2	3	4	5	6	7	8	9	10
Property	0	1	2	3	4	5	6	7	8	9	10
Mood Swings	0	1	2	3	4	5	6	7	8	9	10
Hallucinations	0	1	2	3	4	5	6	7	8	9	10
Nightmares	0	1	2	3	4	5	6	7	8	9	10
Night awakenings	0	1	2	3	4	5	6	7	8	9	10
Racing Thoughts	0	1	2	3	4	5	6	7	8	9	10
Distractibility	0	1	2	3	4	5	6	7	8	9	10
Medication side effects	0	1	2	3	4	5	6	7	8	9	10
Suicidal	0	1	2	3	4	5	6	7	8	9	10
Self stimulating											
Behaviors	0	1	2	3	4	5	6	7	8	9	10
Dissociation	0	1	2	3	4	5	6	7	8	9	10
Impulsivity	0	1	2	3	4	5	6	7	8	9	10
Poor Judgment	0	1	2	3	4	5	6	7	8	9	10
Self care deficits	0	1	2	3	4	5	6	7	8	9	10
Difficulty managing											
Environment	0	1	2	3	4	5	6	7	8	9	10
Difficulty completing											
Tasks	0	1	2	3	4	5	6	7	8	9	10
Child runs away	0	1	2	3	4	5	6	7	8	9	10

The above information is correct and true to the best of my knowledge.

Applicant Signature: _____ Date: _____

Print Name: _____ Relationship: _____