

**The Bridges Program  
Client Medical Form**

**Participant:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:**

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**Any Diagnosed Illnesses:**

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**Past/Prospective Surgeries: Dates:**

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**Medication:**

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**Allergies:**

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**Special Precautions/Needs:**

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**Impairments in Dexterity, Flexibility, Movement:**

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