HMHB 2021 Annual Information Form





Step 1	Veteran Information			Birthday: —	-	Age:
Name:			<u> </u>	Ethnicity:		
Address:						
City:		Zip:	State:			
Email:						
Gender:	Male Female T-Shirt Size: Phone 1:		-	Phone 2:	_ _	
	Connected Disability Percentage: %	,				
Primary	Diagnosis:					
Seconda	ry Diagnosis:					
Does veter	an have a seizure disorder? Yes No Date	e of last seizure:		*If yes, complete Seizure In	formation Form	
Step 2	PT Partner		1			
	T T di dici		_	Birthday:		Age:
Name:				Ethnicity:		
Address				Gender: Male Femo	ile T-Sh	irt Size:
City:		Zip:	State:	Phone 1:	_	
Email:				Phone 2:	_	
ton 2			7			
Step 3	Emergency Contact Information		Emergency contacts should	l be someone other than a pa	rent, guardian or PT Po	ırtner.
L Name:				Relationship:		
Email.				Phone:	_	
Name: Email.				Relationship: Phone:		
EIIIuit				Pilone.		
tep 4	Medication		Attach additional informat	ion if needed		
Medica	tion Name Dos	age		urpose/Reaction		
itep 5	Allowing		1			
	Allergies		Attach additional informat	ion if needed.		
Does vet Allergy	eran have allergies? Ra	Yes No eaction		Additional Commer	nts	
Attergy		.uction		Additional commer		
				,		
Step 6	Dietary Restrictions		Attach additional informat	ion if needed		
Does vet	eran have dietary restrictions?	Yes No If	yes, please list	ion ij necucu.		
			1			
Step 7	Approvals					
I grant	photo permission for pictures to be taken an	d used in NEDSRA po	ublications.		Yes	No
Signatu	re:	Print	Name:		Date:	