Medical Report

Your patient has submitted a service dog application to the Mira Foundation. Our 33-day course is demanding and takes place regardless of weather conditions. We kindly request that you fill out this form, which will make it possible for us to provide your patient with training appropriate to his or her level of fitness.

Last Name	First Name
Date of birth ___/___/_____	Weight
	Height
Your patient suffers or has suffered from the following conditions:	
O Hearing loss O Convulsive fits, loss of consciousness, dizziness O Orthopaedic disorders O Nervous system disorders O Paralysis O Balance issues O Epilepsy O Coordination issues O Emotional disorders O Digestive disorders O Anxiety disorders O Allergies	O Rheumatism or arthritis O Asthma O Cancer O Hernia O Tuberculosis O Serious injuries O Circulatory disorders O Other physical disorders O Renal or urinary disorders O Hepatitis O HIV
Describe all positive answers cited above:	
Describe all incidences of lung conditions:	
Describe all incidences of heart conditions, hypertension or stroke:	
Describe any special diet and specify any medications taken and their daily dose:	

SIGNATURE OF THE ATTENDING PHYSICIAN

DATE

Diabetes Report

Diet	Calories per day
Oral medication	Daily dose
Insulin Dosage (morning)	**Insulin** Dosage (evening)
Does your patient inject him or herself? Yes ___ No ___ Does your patient measure his or her own insulin? Yes ___ No ___ Does your patient adjust his or her insulin dosage by him or herself? Yes ___ No ___ Does your patient check his or her own blood sugar levels? Yes ___ No ___	
Method used to check blood sugar levels:	
Date and report of most recent blood sugar level:	
Date of the most recent incidence of coma or diabetic shock:	
Describe any special diet and medication, as well as daily doses:	
For secondary complications (neuropathy, nephropathy, etc.), indicate any special instructions and/or suggestions:	
Date of the exam on which this report is based:	

SIGNATURE OF THE ATTENDING PHYSICIAN

DATE