APPENDIX 1
FORM
MEDICAL REPORT

Your patient has submitted a service dog application to the Mira Foundation. Our 3-week 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 physical condition.

LAST NAME:	FIRST NAME:
BIRTH DATE:	
WEIGHT:	HEIGHT:
Your patient suffers or has suffered from the following conditions:	
❑ Central nervous system disorder(s) ❑ Peripheral nervous system disorder(s) ❑ Paraplegia ❑ Tetraplegia ❑ Arthritis or fibromyalgia ❑ Orthopaedic disorder(s) ❑ Amputation(s) ❑ Balance disorder ❑ Coordination disorder ❑ Emotional disorder ❑ Psychiatric disorder ❑ Cognitive disorder (enclose neuropsychological report if available)	❑ Hearing loss ❑ Visual impairment (enclose the ophthalmologist's and orientation and mobility specialist's reports if available) ❑ Breathing problems ❑ Heart problems ❑ Dizziness/vertigo ❑ Epilepsy ❑ Cancer ❑ Circulatory condition ❑ Diabetes ❑ Digestive issues ❑ Allergies
Please describe the issues reported above:	
Do you see a contraindication or have any reluctance to your patient using a service dog on a daily basis?	
Please enclose a list of medication as well as daily doses.	

SIGNATURE OF ATTENDING PHYSICIAN

DATE

APPENDIX 2

FORM

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 ATTENDING PHYSICIAN

DATE