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**DREAM THERAPIES**  
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**Client's Application and Health History**  
*To be completed by participant or parent/legal guardian*

**General Information**

Client: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_  
Address and telephone (if different from above): \_\_\_\_\_  
Employer/School (guardian's): \_\_\_\_\_  
Employer/School address: \_\_\_\_\_  
**How did you hear about Dream Therapies?** \_\_\_\_\_  
Primary Insurance name, member's name and group number: \_\_\_\_\_  
Secondary Insurance name, member's name and group number: \_\_\_\_\_

**Health History**

Please indicate current or past problems in the following areas:

	Y(yes)/N(no)	Comments
Vision		
Hearing		
Sensation/ Sensory Integration		
Communication		
Heart		
Breathing		
Digestion		
Elimination		
Circulation		
Emotional		
Behavioral		
Pain		
Bone/joint		
Muscles		
Thinking/cognition		
Allergies		
Contagious Diseases		

Current medications (including over the counter): \_\_\_\_\_  
\_\_\_\_\_

**Describe abilities/difficulties in the following areas:**

Function (self care skills, school/works skills, mobility) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social (behaviors, leisure interest, relationship – family structure, support systems, companion animals, fears/concerns, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals (e.g. Why do you want to receive services? What would you like to accomplish?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTO RELEASE**

I consent to and authorize the use and reproduction by Dream Therapies of any and all photographs and any other audio-visual material taken of me/my child/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature and printed name of client/client's parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and printed name of witness

\_\_\_\_\_  
Date