



dolphin aid application for support

Application form for dolphin assisted therapy in a dolphin aid certified therapy facility

Date of registration: _____

Personal information of the patient

Last name: _____ First name: _____

Date of birth: _____ Gender: male female

Street address: _____

Zip code: _____ Town: _____

Country: _____

Phone (during the day): _____ Phone (in the evening): _____

Fax: _____ E-mail: _____

Insurance company: _____

Which languages does your speak/understand? _____

Are you living at home? If so, with whom do you live? (Include names and if any: age of siblings): _____

If not, where and with whom do you live? _____

Medical information (to be filled out by the the patient)

Age: _____ Height: _____ Weight: _____

Diagnosis and relevant medical information: _____

At what age did the disability occur? What is the cause of the disability?



Relevant medical history (hospitalizations, surgeries, examinations. When and why?)

Medication (active ingredient, brand, dosage, since when, effects, possible side-effects):

Are there any reactions to the medication in terms of over-sensitivity or paradoxical?

Which doctors are involved in your treatment? (Name, specialty, hospital/practice, address, phone number, kind of treatment/guidance) - Please enclose all relevant medical reports!

Which therapists are involved in your treatment? (Name, specialty, hospital/practice, address, phone number, kind of treatment/guidance) - Please enclose all relevant medical reports!

Which previous therapies did you receive? What was the period and what were the effects?

Questions about Dolphin Assisted Therapy

Did you have previous Dolphin Assisted Therapy treatment? If yes, where and when?



What were the results of the previous Dolphin Assisted Therapy sessions? (Please provide report if possible):

Do you like being in water (swimming pool, the sea) or are you afraid?

How would you describe your swimming abilities? Do you have swimming certificates?

Do you have experiences with water therapy? If yes, how did this evolve and what was the effect?

How do you think you will react on swimming with the therapist and a dolphin in seawater that is 3 meters deep?

What are your expectations of the effect of the Dolphin Assisted Therapy?

Do you have any other remarks or questions that may be relevant to the question of whether dolphin assisted therapy is a good option for you?

How can we help you? _____

In order to improve our information, we would like to know how you became acquainted with dolphin aid e.V.

newspaper TV/Radio advertisement friends Physician/therapist/hospital

When have you heard the first time from dolphin aid?

Date: _____

Signature: _____

data protection: dolphin aid commits to treating all information strictly confidentially (especially personal data). during organisation of the dolphin assisted therapy, it might become necessary to pass your data onto others (e.g. the doctor in attendance).