Medical Examiner's Report

Adult's & Children's Service

DOGS FOR GOOD

LIFE CHANGING DEVOTION

About Us

Dogs for Good is an innovative charity, exploring ways dogs can help people overcome specific challenges and enrich and improve lives and communities.

Our assistance dogs support adults and children in their homes and in the community. We work with people with a range of disabilities and also children with autism. In our Community Dog service, our activity and therapy dogs work with specialist handlers in communities and schools. Together they help adults and children to overcome specific challenges and develop life skills. Our Family Dog team gives specialist advice and support to help people get the most out of their relationship with their pet dog, most notably families with a child with autism.

We believe dogs are good for us and we continue to explore new ways dogs can help people in the future.

Our dogs

We train mainly Labradors and Golden Retrievers and first crosses of the two. Each dog spends its first year of life with one of the charity's volunteer puppy socialisers, and starts its formal training at around the age of 18 months at our Training Centre in Banbury, Oxfordshire.

Every dog is specially trained to help with practical tasks that many people with disabilities find difficult or impossible to do, such as:

- Opening and closing doors
- Helping with dressing and undressing
- Retrieving items such as mobile telephones or dropped articles like keys or a bag
- Loading and emptying the washing machine
- Pressing a pedestrian crossing button
- Reaching up to shop-counters with items such as a wallet

A registered assistance dog provides an extension of the person's abilities, and is allowed by law to accompany their partner into public places such as shops, restaurants and also to travel on public transport.

CONFIDENTIAL

Dogs for Good
The Frances Hay Centre
Blacklocks Hill
Banbury
Oxon
OX17 2BS

01295 252600
www.dogsforgood.org

Dear Doctor/Consultant

We have recently been approached by your patient in respect of them applying for an assistance dog from this charity.

Medical information is required for three main purposes:

i) To determine the applicant's suitability for training with an Assistance Dog.
ii) To plan a training programme which takes into consideration the applicant's fitness and pre-existing medical conditions.
iii) To provide appropriate care and welfare for the applicant should they undertake residential training which lasts between 1 and 2 weeks.

APPLICANT'S SURNAME	

APPLICANT'S FORENAMES	

APPLICANT'S DATE OF BIRTH	

NAME, ADDRESS, EMAIL OF GP **(IDEALLY GP SURGERY STAMP OR ATTACH HEADED PAPER/COMPLIMENT SLIP PLEASE)**	

Section A History of Disability.

A thorough knowledge of the applicant's disability allows instructors to use their experience of working with people with disabilities to the applicant's advantage.

Q1 Please give an opinion as to your patient's general level of health:

Q2 Type of disability:

Q3 What is the cause of the disability?

A Congenital

Implications:

Prognosis:

B Acquired

Implications:

Prognosis:

Q4 Are there any significant Secondary Disabilities? **Yes** ☐ **No** ☐

If Yes please describe:

Q5 Please describe the main physical effects of the disability on the applicant:

Section B General Background Information.

Whilst training with an Assistance Dog, the applicant may have to undergo a great deal more exercise than he/she is presently used to, in all types of weather and light conditions. As well as the physical exertion involved with training there is a fair amount of concentration involved in learning a new skill. With this in mind please complete the following section.

Q1 Does the applicant suffer from dizzy turns, fainting, blackouts or epilepsy?

Yes ☐ **No** ☐

If yes, please give details:

Q2 Is there any evidence of respiratory disease that might impair the applicant's capabilities?

Yes □ No □

If yes, please give details:

Q3 Are there any problems associated with the applicant's nervous system?

Yes □ No □

If yes, please give details:

	Would cope Well	**Would cope Adequately**	**Might experience Difficulty**
Q4 Withstand The emotional/ nervous stress?	□	□	□
Q5 Cope with at least three 45 minute sessions of training each day:	□	□	□

Q6 Does this person have any mental health issues, and if so how does this affect them in their daily life?

Q7 Please list all relevant hospital admissions in the past two years:

Q8 Please list all relevant medication prescribed for the applicant over the past 2 years or attach prescription form:

Q9 Would you have any concerns regarding the health and safety of any of our employees working with the applicant alone in their home, or at our training centre?

Q10 Do you believe that this person would benefit from the work and companionship of a Dog for Good?

Are there any additional comments you wish to make that we may find useful?

X **Doctor's signature:** ……..……..

Date: ……

From time to time, it is necessary to establish additional factors regarding an applicant's health or physical capability before offering a place on one of our training courses. Should this be necessary, please indicate your consent to discuss this application further.

Yes ☐ No ☐ X Signed: …….

Although many practices waive the cost of completing this form, we have advised the applicant that there may a standard fee as payment for this service (referred to in the Information Guide/Costs of Assistance Dog Ownership paperwork that the applicant would have received as part of our application process).

Arrangements should be made with them accordingly through your own administration.

Finally, thank you for your help in completing this form.
