

Rising Treetops at Oakhurst  
Client Contact Card

Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email address: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Onset \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Relationship: Mother Father Legal Guardian Other \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*If we cannot reach you in case of an emergency, who can we call?*

Name: \_\_\_\_\_ Relationship to camper/client: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper/client: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Wheelchair/Equipment information:

*We ask that every camper/client who brings an electric wheelchair also bring a manual chair as backup in case of emergency.*

Type of Equipment: (Circle all that apply)

Manual Wheelchair      Electric Wheelchair      Scooter  
AFO's      Walker      Crutch(es)      Prosthetic(s)

Wheelchair Manufacturer: \_\_\_\_\_  
Repair Company: \_\_\_\_\_ Phone \_\_\_\_\_

If a manual wheelchair is used, please answer the following:

Can the camper/client transfer from chair? \_\_\_\_\_

Can the chair be folded or taken apart? \_\_\_\_\_