P.O. Box 463
Maple Plain, MN 55359
(952) 934-0057
Fax (952) 974-9688
www.wecanride.org

EAL Registration 2025

Return to office

Client Name:_____Gender:_____DOB:_____

Parents/Guardian Name (if applicable):_____

Address:_____City:_____Zip:_____

Home Phone:_____Cell Phone:_____

Diagnosis:_____Date of Onset:_____

Affect(s) of Diagnosis:_____

_____

_____

Special Assistance Needed to Sit, Stand, Move, or Communicate:_____

_____

_____

General Behavior:_____

_____

_____

Precautions/Limitations:_____

_____

_____

Activities of Daily Living Goals:

1._____2._____

3._____4._____