Holland Bloorview
Kids Rehabilitation Hospital

BIKE CLINIC 2020
REGISTRATION FORM

Section A – General Client Information

Last Name:	**Initial:**	**First Name:**

Gender:
☐Male ☐Female ☐ _____

Date of Birth *(dd/mm/yy):*

Client Telephone (ages 15-21):

Telephone: ( ) ☐Home ☐Cell ☐Work

Parent/Guardian Telephone: Please provide a number where we can reach parent/guardian

Name:	**Name:**
Telephone: ( ) ☐Home ☐Cell ☐Work	**Telephone:** ( ) ☐Home ☐Cell ☐Work

Section B – Health Information

Please describe your / your child's disability:

Please describe if there is anything else we should be aware of (i.e. learning disability, vision impairment, etc):

Please describe how your answer(s) above affect you / your child physically (i.e. transfers, communication, etc) or cognitively (i.e. processing information, etc) :

Section C – Bike Specifications & Mobility

Height _____**cm**	**Weight** _____**lbs**
Do you / your child use any mobility devices? ☐Yes ☐No	**If yes, please explain:**
Do you / your child use any other assistive devices or equipment? ☐Yes ☐No	**If yes, please explain:**

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Section D – Cycling History

Have you/your child participated in bike riding before?

☐Yes ☐No

If yes, tell us about your/your child's bike riding experience(s) so far (what's working and not working)?

Do you have a specific bike or style of bike that you are wondering could work for you/your child? (one that you have, a specialized bike, three wheel bike etc.) If so, tell us about it:

Please use the space below to add any further information you would like to share with the Bike Clinic team:

Section E: Verification and Signature

I verify that the information that has been given in this application is complete and accurate to the best of my knowledge.

Signature:	Date *(dd/mm/yy)*:

Please return this form to:

Attention: Kristen English
Holland Bloorview Kids Rehabilitation Hospital
150 Kilgour Rd.
Toronto, ON
M4G 1R8

Tel: 416.425.6220 x3541 | Fax: 416.422.7037

The personal information you give us on this form helps us provide you with services at Holland Bloorview. We collect, use and share this information under the authority of the Public Hospitals Act. If you have questions, please contact the privacy office at 416-425-6220 ext. 3467 or privacy@hollandbloorview.ca.