

Date:		Gender:	
Name:		Date of birth:	
Street address:			
City:		Province/State:	
Postal/Zip code:		Country:	
Telephone number:		Email:	
How did you hear about the BrainPort balance device?			
	Physician, specify:		
	Physical Therapist, specify:		
	Other healthcare professional, specify:		
	Internet		Friend or Family
	Other, specify:		
What is your balance-related diagnosis?			
	Ear-related Vestibular Diagnosis, specify if known:		
	Brain-related Vestibular Disorder, specify if known:		
	Other Diagnosis, specify:		
Name of person who made your diagnosis? ( <i>if applicable</i> )			
Type of specialist: ( <i>e.g., ENT, neuro-otologist, neurologist</i> )			
	Undiagnosed balance problem		
When did your balance problem start?			
	Less than 1 year ago		1-2 years ago
	3-5 years ago		5-9 years ago
	More than 10 years ago		
Have you tried vestibular rehabilitation/balance physical therapy for your problem? (Note that this is strongly recommended prior to considering the use of the BrainPort Balance Device.)			
	Yes:	For how many sessions:	Over how many months:
	No		
On a scale of 0-10 how would you rate your balance NOW: (0 = unable to stand unsupported, and 10 = excellent balance)			

Current Symptoms ( <i>check all that apply</i> ):			
<input type="checkbox"/>	Balance Problems	<input type="checkbox"/>	Vertigo
<input type="checkbox"/>	Difficulty sitting unsupported	<input type="checkbox"/>	Difficulty standing unsupported
<input type="checkbox"/>	Difficulty walking	<input type="checkbox"/>	Difficulty on uneven surfaces or stairs
<input type="checkbox"/>	Falls	<input type="checkbox"/>	Difficulty in crowds
<input type="checkbox"/>	Difficulty walking in the dark	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Difficulty seeing clearly during head motion		
<input type="checkbox"/>	Other, specify:		
Please check, if you have any of the following:			
<input type="checkbox"/>	Numbness or lack of feeling on your tongue		
<input type="checkbox"/>	Open lesions, cold sores, or abrasions on your tongue		
<input type="checkbox"/>	Any neurological condition that causes loss of consciousness		
<input type="checkbox"/>	History of epilepsy or seizures ( <i>If yes, written authorization from Neurologist is required</i> )		
<input type="checkbox"/>	An implanted electrical medical device (e.g., pacemaker, implanted defibrillator, deep brain stimulator etc.)? <i>See Implanted Electrical Medical Device Compatibility section of FAQ document.</i>		
<input type="checkbox"/>	Age under 18? ( <i>If yes, written approval from primary Physician or Pediatrician is required</i> )		
If YES to any of the above, have you discussed your intention to try the BrainPort device with your Doctor AND received their approval?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Relevant Medical History ( <i>check all that apply</i> ):			
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Back Problems
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Neuropathy
<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Hip/Knee prosthesis	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	Hard of Hearing	<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Other, specify:		
I have read and understand the <b>Frequently Asked Questions</b> document including contra- indications, precautions and costs involved. Access here: <a href="http://bit.ly/brainport_info">http://bit.ly/brainport_info</a>			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**Non-Canadian residents:** proof of full vaccination is required to attend our clinics for BrainPort training, until further notice. Please provide proof of vaccination along with the *Application For Use*.

Email or fax your completed <b>Application for Use</b> along with any <b>required written authorization/approval</b> and proof of vaccination ( <i>if required</i> ) to your desired training location:			
location	email	fax number	to the attention of
Vancouver	<a href="mailto:vancouver.bookings@lifemark.ca">vancouver.bookings@lifemark.ca</a>	604-687-3944	Admin Lead
Windsor- Tecumseh	<a href="mailto:windsor-tecumseh@lifemark.ca">windsor-tecumseh@lifemark.ca</a>	519-739-1419	Admin Lead
Brampton	<a href="mailto:brampton@lifemark.ca">brampton@lifemark.ca</a>	905-455-3620	Admin Lead