

Multiple Sclerosis Society of Portland, OR, Inc. 2901 SE 122nd Ave. Portland, OR 97236 Phone: 503-297-9544 Fax: 503-297-6264 Email: candycehayes@msoregon.org	Date Sent:	MSSP Office USE ONLY
	Date Received:	
	Dr's Note:	
	Verification:	
LMT Preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Locale: <input type="checkbox"/> Home <input type="checkbox"/> Office Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No Area: _____		Deadline: September 30, 2012

MSSP 2012 "Project Helping Hands"
 CLIENT APPLICATION

Client Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Emergency Contact & Telephone: _____

1. Date Diagnosed: _____

2. Current Doctor: _____ Telephone: _____

3. Do You Use Assistive Devices (walker, wheelchair, scooter): No: _____ Yes: _____
 Specify: _____

4. Do you need help to transfer from wheelchair to bed?: No: _____ Yes: _____
 Comments: _____

5. "LMT" stands for licensed massage therapist. Whom do you prefer to be seen by?
 Male Female Either
 Comments: _____

6. Are you capable of going to the therapist's office? No: _____ Yes: _____

7. When would you like to begin receiving LMT visits? _____

 Signature

 Date

The cost for the service is \$10.00 per visit. Our office will contact you when we have found a therapist LMT who meets your needs. Be sure to keep our office updated with your current address and telephone number.