

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: (H): _____ (C): _____

Email: _____

Employer/School: _____

Address: _____ Phone: _____

Parent/Legal Guardian (if applicable): _____

Address (if different from above): _____

Phone: (H) _____ (C) _____ (W) _____

Caregiver (if applicable): _____ Phone: _____

Referral Source How did you hear about the program? _____

Previous horse experience? _____

Goals (Why are you applying for participation? What would you like to accomplish?) _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs/ concerns in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Participant's Application & Health History (cont.)

MEDICATIONS (include prescription and over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the below areas (include assistance or accommodations required and equipment needed). If more writing space is needed, please feel free to attach additional notes.

PHYSICAL (e.g., mobility skills such as transfers, walking, wheelchair use, driving, hand grasp, maintaining self-balance, range of motion) _____

COGNITIVE (e.g. functioning at what grade or age level, learning issues, processing or motor planning delays)

COMMUNICATION (e.g. deficits in verbal & non-verbal skills, describe preferred means of communication)

PSYCHO/SOCIAL (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

SENSORY and LEARNING (e.g. any hyper-sensitivities, preferred learning environments i.e. visual, auditory, kinesthetic)

To the best of my knowledge, the information provided is up to date and accurate.

Signature: _____ **Date:** _____
(Participant, Parent or Legal Guardian)