

# 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			

**MEDICATIONS** (include prescription and over-the-counter; name, dose and frequency) \_\_\_\_\_

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*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) \_\_\_\_\_

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

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

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

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

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

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