

PARTICIPANT'S APPLICATION AND HEALTH HISTORY
(To be completed by the participant's parent/legal guardian.)

GENERAL INFORMATION

Participant Name: _____ Date of Birth: _____
 Current Height: _____ Current Weight: _____ Gender: M F Race (for grant purposes only): _____
 School (if applicable): _____ Referral Source: _____
 What other therapies has your child done? _____
 How did you hear about the program? _____

HEALTH HISTORY

Primary Diagnosis: _____ Date of Onset: _____
 Secondary Diagnosis: _____ Date of Onset: _____
 Seizures: Yes No Type: _____ Date of Last Seizure: _____
 Notes: _____
 Scoliosis: Yes No Type/Severity _____ Notes: _____

Please indicate if your child is within normal limits (WNL) or comment if they have a special need or concern in the chart below

	WNL	Comments
Vision	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Sensation	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	
Digestion	<input type="checkbox"/>	
Elimination	<input type="checkbox"/>	
Circulation	<input type="checkbox"/>	
Emotional/Mental Health	<input type="checkbox"/>	
Behavioral	<input type="checkbox"/>	
Social Skills	<input type="checkbox"/>	
Pain	<input type="checkbox"/>	
Bone/Joint	<input type="checkbox"/>	
Muscular	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	
Thinking/Cognition	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	

**** Form continues on back ****

MEDICAL/HEALTH QUESTIONS

Sensitivities to Heat/Cold/Sun: _____

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

Other Precautions: (i.e. shunt, implant, port, etc.): _____

Additional Notes/Comments: _____

PARTICIPANT INFORMATION QUESTIONS

Has your child been on/around a horse before? Yes No

If yes, how was the experience: _____

How does your child communicate? _____

When your child is frustrated, how do they react? _____

Interests/Motivations: _____

Dislikes/Fears: _____

Social Skills: _____

Family Structure (siblings, pets, custody, hobbies): _____

Goals (i.e. Why are you applying for participation? What would you like for your child to accomplish?)

ADDITIONAL COMMENTS/CONCERNS

Signature: _____

Parent/Legal Guardian

Date: _____