

Ponies As Partners - Therapeutic Riding, Inc.

A Non-Profit Organization

516 Third Beach Road Middletown, RI 02842 (401) 683-9437

Participant's Application and Health History

GENERAL INFORMATION

Participant:

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

Address:

Phone: _____ Alternative #: _____

Employer/School:

Address:

Phone:

Parent/Legal Guardian:

Address (if different from above): _____

Phone:

Referral Source:

Phone:

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis _____ Date of Onset: _____

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

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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

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

PHOTO RELEASE

I • DO • DO NOT

consent to and authorize the use and reproduction by Ponies As Partners, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian