Once Up on a Horse Programs Participant Information Form

GENERAL INFORMATION				
Participant name:		(helps us determine which h	D.O.B.:	
Height: Wei	ight:	_ (helps us determine which h	orse/pony you or your	child will ride)
Address:		Cell Phone :		
Home Phone:		Cell Phone :		
Parent/Legal Guardian	(if under 18)			
Address: (if different fr	om above)	one: Work Pl		
Home Phone:	Cell Ph	one: Work Pl	none:	
Email Address:How did you hear about this program?			(work/home)	
How did you hear abou	t this program?			
GOALS Why are you inte	erested in particip	pating? What would you like to a	accomplish?)	
If Therapeutic Riding Ple		oortion		
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_		services are you currently recei		_
Service	of the following Y/N		Frequency	_ _
Service Physical Therapy				_
Service Physical Therapy Occupational Therapy	Y/N		Frequency	-
Service Physical Therapy Occupational Therapy Speech & Language The	Y/N	Location or Clinic	Frequency	-
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E.	Y/N erapy	Location or Clinic	Frequency	-
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training	Y/N erapy	Location or Clinic	Frequency	
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training	Y/N erapy	Location or Clinic	Frequency	
Existing Services: Which Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we refer to the Adaptive P.E.)	Y/N erapy	Location or Clinic	Frequency	
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we represent the second content of the sec	erapy need to know abo	out) bility abilities or difficulties include	Frequency	
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we represent the second of the secon	erapy need to know above scribe your mobvelking, or wheele	bility abilities or difficulties including grade completed,	Frequency ding assistance required	or equipment neede
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we represent the second of the secon	erapy need to know above scribe your mobvelking, or wheele	bility abilities or difficulties including grade completed,	Frequency ding assistance required	or equipment neede
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we represent the such as transfers, very support systems, company)	erapy need to know above scribe your mobve walking, or wheeled to know above walking, and animals, and animals, and walking w	bility abilities or difficulties including grade completed,	ding assistance required	or equipment neede
Service Physical Therapy Occupational Therapy Speech & Language The Adaptive P.E. Mobility Training Aquatic Therapy MEDICATIONS (Any we re) PHYSICAL FUNCTION (Deskills such as transfers, verschaften) COGNITIVE/SOCIAL FUNctions (Any properties)	erapy meed to know above scribe your mobve walking, or wheel to know above the control of the c	bility abilities or difficulties including grade completed, by fears or concerns)	ding assistance required	or equipment neede