

## Once Up on a Horse Programs      Participant Information Form

### GENERAL INFORMATION

Participant name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (helps us determine which horse/pony you or your child will ride)  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Parent/Legal Guardian (if under 18) \_\_\_\_\_  
Address: (if different from above) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (work/home)  
How did you hear about this program? \_\_\_\_\_

**GOALS** *Why are you interested in participating? What would you like to accomplish?*

If Therapeutic Riding Please Fill out this portion

**Existing Services:** Which of the following services are you currently receiving?

Service	Y/N	Location or Clinic	Frequency
Physical Therapy			
Occupational Therapy			
Speech & Language Therapy			
Adaptive P.E.			
Mobility Training			
Aquatic Therapy			

**MEDICATIONS** *(Any we need to know about)*

**PHYSICAL FUNCTION** ( *Describe your mobility abilities or difficulties including assistance required or equipment needed, skills such as transfers, walking, or wheelchair use.*)

**COGNITIVE/SOCIAL FUNCTION** *(Work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, any fears or concerns)*

**SPEECH OR COMMUNICATION STYLE** \_\_\_\_\_

Anything else we should

know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_