

## *Participants' Application & Health History*

### General Information

Participant \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Alternative# \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Legal Gardian \_\_\_\_\_

Caregivers \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_

### 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 and over-the-counter, name, dose, and frequency, side effects)

To assist in formulating both mounted and unmounted goals, please mark each item below that is a goal for this individual. These skills can be directly applied to experiences at Stable Solutions including feeding horses, riding or other hands on activities on the farm. Within each category, please prioritize the item with #1 being the most important.

<u>Physical Goals</u>	<u>Social/Behavioral</u>	<u>Recreational</u>	<u>Cognitive Goals</u>
<input type="checkbox"/> Improved Balance	<input type="checkbox"/> Socialization	<input type="checkbox"/> Enjoyment	<input type="checkbox"/> Color recognition
<input type="checkbox"/> Improved Posture	<input type="checkbox"/> Emotional Regulation	<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Shape recognition
<input type="checkbox"/> General Coordination	<input type="checkbox"/> Sportsmanship	<input type="checkbox"/> Eventing	<input type="checkbox"/> Verbalization
<input type="checkbox"/> Eye/hand Coordination	<input type="checkbox"/> Confidence/Self Esteem	<input type="checkbox"/> Showmanship	<input type="checkbox"/> Vocabulary Expansion
<input type="checkbox"/> Head Control	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Dressage	<input type="checkbox"/> Sequencing
<input type="checkbox"/> Trunk Control	<input type="checkbox"/> Attention Increase/Decrease	<input type="checkbox"/> Pattern Classes	<input type="checkbox"/> Spacial Awareness
<input type="checkbox"/> Muscular Strength	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Trail Riding	<input type="checkbox"/> Reading Skills
<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Self Sufficiency	<input type="checkbox"/> Barrel Racing	a. Letter recognition
<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Equitation Class	b. Word recognition
<input type="checkbox"/> Muscle Tone	<input type="checkbox"/> Teamwork/Leadership	<input type="checkbox"/> Show jumping	c. Basic sentences
<input type="checkbox"/> Increase R. O. M.	<input type="checkbox"/> Respect	<input type="checkbox"/> Cross country	d. Other
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> Independence	<input type="checkbox"/> Pleasure Riding	<input type="checkbox"/> Math skills
<input type="checkbox"/> Endurance	<input type="checkbox"/> Trust	<input type="checkbox"/> Games competition	a. Number recognition
<input type="checkbox"/> Visual/Spatial Orientation	<input type="checkbox"/> Interpersonal Relationships	<input type="checkbox"/> Hunt Seat	b. Add/Subtract

If Not Applicable or of concern Please just state (N/A)

**Physical Function** Describe your abilities/difficulties in the following areas include assistance required or equipment needed. (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**Psychosocial Function**(e.g., work/school including grade completed, leisure interest, relationships-family structure, support system, companion animals, fears/concerns, ect.)

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Have you previously received any type of mental health services (psychotherapy, psychiatric services etc.)

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How does individual respond to

- Transitions, New situations \_\_\_\_\_
- Animals \_\_\_\_\_
- Human Touch \_\_\_\_\_
- Frustration \_\_\_\_\_
- Fear \_\_\_\_\_
- Other \_\_\_\_\_

How much supervision individual needs (ie. visual, auditory, distance from staff, no special needs)

Potential Motivators \_\_\_\_\_

Any safety concerns there might be with self, others or animals

If this individual has any special issues (behavioral, sensory, social), how do you prefer to handle typical situations? (Please include methods of behavior modifications, communication and anything that maybe pertinent to the staff working with this individual).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals Why are you applying for participation? What would you like to accomplish?**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred here, if so by whom, purpose: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

