



**THERAPEUTIC RIDING
PARTICIPANT'S APPLICATION & HEALTH HISTORY**

GENERAL INFORMATION

Client Name: _____

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

Address: _____

Phone: _____ Email: _____ Alternative #: _____

Employer/School: _____

Address: _____

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:

	Y	N	Comments
Vision	___	___	_____
Hearing	___	___	_____
Sensation	___	___	_____
Communication	___	___	_____
Heart	___	___	_____
Breathing	___	___	_____

	Y	N	Comments
Digestion	___	___	_____
Elimination	___	___	_____
Circulation	___	___	_____
Emotional/Mental	___	___	_____
Behavioral	___	___	_____
Pain	___	___	_____
Bone/Joint	___	___	_____
Muscular	___	___	_____
Thinking/Cognition	___	___	_____
Allergies	___	___	_____

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

OT: _____

PT: _____

SPEECH: _____

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

PHYSICAL FUNCTION: (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOLOGICAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships-family structure, support system, companion animals, fears/concerns, etc.):

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

Signature: _____ Date: _____

PHOTO RELEASE

I ___ do/ ___ do not consent to and authorize the use and reproduction by The Stables at Le Bocage of any and all photographs and any other audio/visual materials taken of _____ for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian

Witness: _____ Witness: _____

Print Name: _____ Print Name: _____

WARNING:

Under Louisiana Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities, pursuant to La. R.S. 9:2795.3.