



Participant's Application & Health History

2170 Sleepy Hollow Hts.
Wenatchee, WA 98801

GENERAL INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____ Height: : _____ Weight: : _____ Gender: M F

Parent/Legal Guardian: _____ Relationship: _____

Address: _____ City& Zip.: _____

Cell Phone: _____ Alternative #: _____

Cell Carrier: _____ Email: _____

Assisted Living Home? Yes Name: _____ Caregiver: _____

Address: _____ Phone: _____

Email: _____

Employer/School: _____ Phone: _____

Address: _____

Referral Source: _____

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 | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional/Mental Health | | | |
| Behavioral | | | |
| Pain | | | |
| Bone/Joint | | | |
| Muscular | | | |
| Thinking/Cognition (Color, Number, and Left/Right) | | | |
| Allergies | | | |

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

**Describe participant's 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)

PSYCHO/SOCIAL FUNCTION (e.g., 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?)

Has the participant had exposure to horses in the past?

Petting – Yes

Riding – Yes

Caring for a Horse – Yes

If "Yes" to any of the above – Please describe: _____

PHOTO RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by **Alatheia Riding Center** 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.

By signing this form I declare that all information given is true.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

*Complete and return form to info@alatheiaridingcenter.com or
Alatheia Riding Center, 2170 Sleepy Hollow Heights, Wenatchee, WA 98801*