Alatheia RIDING CENTER

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

For scheduling and questions contact Willow Goodman Program Coordinator at riders@AlatheiaRidingCenter.com