

New Rider Application Form

Participant Information

First Name

Last Name

Preferred Name (if different from First Name)

Street Address

City

State

Zip

Mobile Phone Number

Home Phone Number

Work Phone Number

Email Address

Preferred Contact Method

Mobile Phone

Home

Work Phone

E-mail

Opt-In to text messaging about services

Is the participant under 18 years of age or do they have a legal guardian?

Yes

No

Is the participant a veteran?

Yes

No

Is the participant a first responder?

Yes

No

Participant School / Employer

Medical Information

Participant's Date of Birth

Participant Gender

Male

Female

Participant Height

Participant Weight

Primary Diagnosis

Please select... Agenesis of the Corpus Collosum Angelmans Syndrome Apraxia Asperger Syndrome Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Auditory Processing Disorder Autism Brain Injuries Cardiovascular Cerebral Palsy Chromosomal Disorder Cognitive Delay Communication Disorder Congenital Anomaly Cystic Fibrosis Deafness Developmental Delay Down Syndrome Dyslexia Encephalopathy Epilepsy Failure to Thrive Fetal Alcohol Syndrome Gulf War Syndrome Hearing Impairment Hydrocephalus Hypomyelination Hypotonia Intellectual Disability Learning Disabilities Medulloblastoma Metatropic Dysplasia Microcephaly Mitochondrial Disease Multiple Sclerosis Muscular Dystrophy Obsessive - Compulsive Disorder Oppositional Defiant Disorder Other Parkinson's Disease Posttraumatic Stress Disorder Prader-Willi Syndrome Rhetts Syndrome Seizure Disorder Sensory Integration Disorder Smith-Lemli-Opitz syndrome Smith-Magenis Syndrome Spastic Paraparesis Speech Impairment Spina Bifida Spinal Cord Injuries Stroke Traumatic Brain Injury Van Buchems Disease Visual Impairment West Syndrome

Secondary Diagnosis

Please select... Agenesis of the Corpus Collosum Angelmans Syndrome Apraxia Asperger Syndrome Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Auditory Processing Disorder Autism Brain Injuries Cardiovascular Cerebral Palsy Chromosomal Disorder Cognitive Delay Communication Disorder Congenital Anomaly Cystic Fibrosis Deafness Developmental Delay Down Syndrome Dyslexia Encephalopathy Epilepsy Failure to Thrive Fetal Alcohol Syndrome Gulf War Syndrome Hearing Impairment Hydrocephalus Hypomyelination Hypotonia Intellectual Disability Learning Disabilities Medulloblastoma Metatropic Dysplasia Microcephaly Mitochondrial Disease Multiple Sclerosis Muscular Dystrophy Obsessive - Compulsive Disorder Oppositional Defiant Disorder Other Parkinson's Disease Posttraumatic Stress Disorder Prader-Willi Syndrome Rhetts Syndrome Seizure Disorder Sensory Integration Disorder Smith-Lemli-Opitz syndrome Smith-Magenis Syndrome Spastic Paraparesis Speech Impairment Spina Bifida Spinal Cord Injuries Stroke Traumatic Brain Injury Van Buchems Disease Visual Impairment West Syndrome Ambulation

Please select... Braces Independent Supported Walker Wheelchair

Communication

Please select... Verbal Assisting Device Sign Language Non-verbal / Limited Verbal Expression

Balance (majority of the time)

Please select... Well-Balanced Impaired Balance

Seizure Information

Please select... N/A - Does not experience seizures Well controlled with medication Not controlled with medication

Behavior Information

Please select... Compliant Oppositional Easily Frustrated / Upset Fearful

Physician's Name

Physician's Phone

Date of Last Tetanus shot:

What is the greatest challenge/goal that you hope to address with therapeutic riding?

Availability

Previous Riding Experience

Previous Riding Experience?

Yes

No

Referral

How did you find out about Healing Hooves?