



**PERSONAL HEALTH HISTORY**

*Have you ever had or  
been told that you have...*

	NO	YES
Angina/chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Any heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
Any heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Back pain/injury	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Joint/muscle swelling	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>

**PRESENT SYMPTOMS**

*Do you currently have or have  
had in last 3 months...*

	NO	YES
Chest pain/discomfort	<input type="checkbox"/>	<input type="checkbox"/>
Common cold/sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion/heartburn	<input type="checkbox"/>	<input type="checkbox"/>
Lightheaded/dizzy	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Pain in jaw/neck/arm	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use chewing tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use e-cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>

Allergies to medications (describe reaction) \_\_\_\_\_

Other allergies (environmental, food, etc) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_



Participant's diagnosed/verified disability: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Describe your abilities/difficulties/considerations with function (i.e. mobility skills such as walking, wheelchair, transfers). Include assistance required or equipment needed:

Describe reactions to situations that might be helpful for us to know (i.e. difficulty in crowds, reactions to loud noises, things that cause stress):

What are your goals while participating in Equine Services for Heroes (check all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> improve physical movement      | <input type="checkbox"/> improve trust in others                        |
| <input type="checkbox"/> improve balance                | <input type="checkbox"/> improve relationship with others               |
| <input type="checkbox"/> improve motor skills           | <input type="checkbox"/> improve understanding and communication skills |
| <input type="checkbox"/> injury recovery                | <input type="checkbox"/> improve comfort with many people               |
| <input type="checkbox"/> develop a new recreation/hobby | <input type="checkbox"/> learn about horses, general                    |
| <input type="checkbox"/> improve confidence             | <input type="checkbox"/> learn about a particular horse activity:       |
| <input type="checkbox"/> improve boundaries             | <input type="checkbox"/> increase sensitivity                           |
| <input type="checkbox"/> anxiety reduction              | Other: _____  |

**I have read the foregoing carefully and I understand its content. I certify that I have provided complete and honest responses to the questions on the medical history and that all other information, to the best of my knowledge, is current and accurate. In addition, I authorize Jacobs' Ladder to seek and obtain medical care for myself in the event of an emergency. I agree to be financially responsible for the cost of any medical care provided under this Authorization.**

Participant or legal guardian consent signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of participant or legal guardian \_\_\_\_\_

Person Obtaining Consent/Witness Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**Jacobs' Ladder – Equine Services for Heroes**

**Participant Liability Release**

**WARNING**

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. 4-12-3.

I, \_\_\_\_\_ (participant), hereby consent to my participation in Jacobs' Ladder programs, including but not limited to therapeutic and/or recreational riding. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Jacobs' Ladder, its board of directors, instructors, therapists, aides, volunteers, and all representatives, successors, assign and/or employees thereof for any and all injuries and or losses I may sustain while participating in Jacobs' Ladder - Equine Services for Heroes.

Signature of participant or legal guardian:

\_\_\_\_\_ Date \_\_\_\_\_

**Photo Release (optional)**

I, \_\_\_\_\_ (participant), hereby consent and authorize Jacobs' Ladder to use and reproduce any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, or for any other use for the benefit of the program.

Signature of participant or legal guardian \_\_\_\_\_

Date \_\_\_\_\_