

Jacobs' Ladder Therapeutic Riding Center, Inc. 5866 Bradford Rd. N. Hahira, GA 31632 229.794.1188



PARTICIPANT'S APPLICATION AND HEALTH HISTORY

| Mailing Address: | DOB: | Age: | Heigh | nt: Weight | : | Gender: | M | F |
|--|-----------------------------|-------------|-------|------------------------|------|-----------|---|---|
| Email Address: | Mailing Address: | | | | | | | |
| Employer/School: Parent/Legal Guardian/Caregiver: | Primary Contact Phone: | | | Alternative Pho | ne: | | | |
| Employer/School: Parent/Legal Guardian/Caregiver: | Email Address: | | | | | | | |
| In the event of an emergency, contact: Parent/Legal Guardian: | Employer/School: | | | | | | | |
| Prone Pron | Parent/Legal Guardian/Care | giver: | | | | | | |
| Relation | In the event of an emergenc | y, contact: | | | | | | |
| | Parent/Legal Guardian: | | | | | Phone: | | |
| Date of onset: | Name: | | | Relation | n | Phone: | | |
| Date of onset: | Name: | | | Relation | n | Phone: | | |
| Please indicate current or past problems in the following areas: Yes No Comments Vision Comments Hearing Communication Communication Communication Heart Digestion Breathing Communication Digestion Communication Elimination Communication Elimination Communication Circulation Communication Elimination Communication Circulation Communication Elimination Communication Circulation Communication Elimination Communication Circulation Communication Emotional/Mental Health Communication Behavioral Communication Bone/Joint Communication Muscular Communication Thinking/Cognition Communication | | | HE | ALTH HISTOR | Y | | | |
| Yes No Comments Vision | Diagnosis: | | | | Date | of onset: | | |
| Yes No Comments Vision | | | | | | | | |
| Vision Hearing Sensation Communication Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Please indicate cu | | | in the following areas | | | | |
| Hearing Sensation Communication Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | *** | Yes | No | | Con | iments | | |
| Sensation Communication Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | | | | | | | | |
| Communication Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | | | | | | | | |
| Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | | | | | | | | |
| Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Communication | | | | | | | |
| Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Heart | | | | | | | |
| Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Breathing | | | | | | | |
| Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Digestion | | | | | | | |
| Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Elimination | | | | | | | |
| Behavioral Pain Bone/Joint Muscular Thinking/Cognition | Circulation | | | | | | | |
| Pain Bone/Joint Muscular Thinking/Cognition | Emotional/Mental Health | | | | | | | |
| Bone/Joint Muscular Thinking/Cognition | Behavioral | | | | | | | |
| Muscular Thinking/Cognition | Pain | | | | | | | |
| Thinking/Cognition | Bone/Joint | | | | | | | |
| | Muscular | | | | | | | |
| | Thinking/Cognition | | | | | | | |
| Allergies | Allergies | | | | | | | |



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| Describe your abilities/difficulties in the | following areas (include assistance required or equipment needed): |
|---|--|
| PHYSICAL FUNCTION (i.e. Mobility | y skills such as transfers, walking, wheelchair use, driving/bus riding) |
| | |
| PSYCHOSOCIAL FUNCTION (i.e. W | Vork/school including grade completed, leisure interests, relationships-family |
| structure, support systems, companion an | imals, fears/concerns, etc) |
| | |
| | |
| GOALS (i.e. Why are you applying for p | participation? What would you like to accomplish?) |
| | |
| Signature: | Date: |
| | PHOTO RELEASE |
| diding Center of any and all photographs | o and authorize the use and reproduction by Jacobs' Ladder Therapeutic and any other audio/visual materials taken of me for promotional material, ny other use for the benefit of the program. |
| Signature: | Date: |
| Client, Parent | t or Legal Guardian |

(updated form: 2-14)