



**Banbury Cross**

*Therapeutic Equestrian Center*

## 2017 Participant's Application and Health History

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F (circle one)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

*Please indicate current or past problems in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

(over)

What medications are you currently taking, including over-the-counter medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL** (i.e. 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?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHOTO RELEASE

- DO  
 DO NOT

Consent to and authorize the use and reproduction by Banbury Cross Therapeutic Equestrian Center of any and all photographs and any other audio/visual materials taken of participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Participant (if participant is over 18 and legally responsible)

Signature: \_\_\_\_\_  
Parent or Legal Guardian