Participant Application & Health History

To be completed by participant or parent/legal guardian

General Information

Participant Name: ____

DOB: ______________ Age: ______ Height: ______ Weight: ______ Gender: M F

Address: ____

(Street) *(City)* *(State)* *(Zip)*

Cell Phone: ____________________ Alternate Phone: ____________________

E-Mail: ____

Preferred method(s) of contact: Phone Call ______ Text Message ______ E-mail ______

School or Employer: ____

Address: ____

(Street) *(City)* *(State)* *(Zip)*

Please indicate the program(s) that interest you:

EAP: ________ Therapeutic Riding: ________ (30 min) ________ (1 hour)

How did you hear about Harmony's Animal-Assisted Therapy program? ____________________

Name of Parent/Legal Guardian: ____

Address (if different from above): ____

(Street) *(City)* *(State)* *(Zip)*

Cell Phone (if different from above): ____

Name of Caregiver (if different from above): ____________________ Phone: ______________

Health History

Diagnosis: ______________________________ Date of Onset: ______________

Please indicate current or past special needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS *(include prescription, over-the-counter, name, dosage, and frequency)*

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Please describe abilities or difficulties in the following areas (include assistance or special equipment required):

PHYSICAL FUNCTION *(e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)*

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PSYCHOSOCIAL FUNCTION *(e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)*

GOALS: What would you like to accomplish through participation in this program?

Signature: ______________________ Date: __________

Client

Signature: ______________________ Date: __________

Parent/Legal Guardian (if under the age of 18)