



Participant Information Form

General Information:

Participant Name	DOB	AGE	HEIGHT	WEIGHT	GENDER
					M or F

ADDRESS

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (CELL) _____ PHONE NUMBER (HOME) _____

EMAIL ADDRESS _____

Health History:

Primary diagnosis: _____

ONSET (Please check one): Birth Childhood Adolescence Adulthood

Secondary: _____ Tertiary: _____

PLEASE NOTE:

IF DIAGNOSIS IS DOWN SYNDROME, PARTICIPANT MUST HAVE:

- 1) Yearly Neurologic Evaluation for Symptoms of Atlantoaxial Instability.
- 2) A signed and dated statement from a qualified physician giving the date and result of a diagnostic X-Ray for Atlantoaxial Dislocation Condition dated within 3 years.

IF PARTICIPANT HAS HAD A SPINAL INJURY OR INJURY TO ANY BONES THAT REQUIRED SURGERY; PARTICIPANT MUST HAVE:

- 1) A signed and dated statement from acting surgeon giving the date and result of procedure.

Courage may require further information to ensure mounted activities are in the best interest of the client.

Clients must be at least 4 years old to participate in equine-assisted activities.

Verbal: yes no limited Vision: normal impaired Hearing: normal impaired

Participant is ambulatory with: no assistance wheelchair crutches braces walker/cane other

Participant can sit upright: independently with minimal support with maximum support not at all

Please provide a brief health history, including past and current medical conditions, surgeries, physical limitations and any other significant health information (use back of page if needed) :

Food allergies/sensitivities or other extreme allergies: _____

Please list all current medications (use back of page if needed):

1. _____ taken for: _____
2. _____ taken for: _____
3. _____ taken for: _____
4. _____ taken for: _____

Shunt Present: Y N Date of last revision: _____

Seizures: _____ No _____ Yes If yes, type of seizures: _____

Controlled? _____ Avg. # of seizures per month: _____ Date of last seizure: _____

Any specific sensitivities? _____

Any specific fears? _____

How does client express:

Happiness _____

Fear _____

Frustration _____

Anger _____

Pain _____

Favorite things _____

Previous riding or horse related experience: _____

Other activities participant is involved in: _____

Cognitive and Social Skills:

Knows left and right:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	
Follows directions:	<input type="checkbox"/> 1 step	<input type="checkbox"/> 2 step	<input type="checkbox"/> 3 step	
Complex Reads:	<input type="checkbox"/> Near age level	<input type="checkbox"/> Simple words	<input type="checkbox"/> Knows letters	<input type="checkbox"/> No
Counts:	<input type="checkbox"/> 1 to 10	<input type="checkbox"/> 1 to 20	<input type="checkbox"/> 1 to 100	<input type="checkbox"/> No
Knows colors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
Knows shapes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
Understands Language:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Vocalizations:	<input type="checkbox"/> Non-verbal	<input type="checkbox"/> 2-3 words	<input type="checkbox"/> Sentences	<input type="checkbox"/> Ideas
Expresses Self:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Appropriate Volume:	<input type="checkbox"/> Too soft	<input type="checkbox"/> Normal	<input type="checkbox"/> Too Loud	<input type="checkbox"/> Varies
Makes Eye Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	
Social Skills/Cooperation:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Behavior/Emotional Stability:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Self-Confidence:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

I have read, understand, and agree to the Parent Policies and Procedures.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT, GUARDIAN, AND / OR SPOUSE

DATE