



Greenlock Therapeutic Riding Center

Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

Parent/Guardian: _____

DOB: _____ Height: _____ Weight: _____ Gender: M _____ F _____

Address: _____

Email Address: _____

Phone: _____ Daytime phone (cell or work) _____

School/Employer: _____

Parent/legal Guardian: _____

Address (if different from above): _____

Funding source: Self _____ Other (specify): _____

PLEASE NOTE: Greenlock TRC does not bill your insurance carrier for therapy services rendered.

HEALTH HISTORY

Medical Diagnosis: _____ Date of Onset: _____

Please indicate current or past medical history, including surgeries/injuries

| | Y | N | Comments |
|-------------------------|---|---|----------|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Communication | | | |
| Heart | | | |
| Breathing | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional/mental health | | | |
| Behavioral | | | |
| Pain | | | |
| Bone/joint | | | |
| Muscular | | | |
| Allergies | | | |

Medications (including over-the-counter and prescription, with NAME, DOSE, FREQUENCY):

FUNCTIONAL ABILITIES

Please describe abilities/difficulties **IN DETAIL** for the following areas, and indicate assistance required and/or adaptive equipment

Does the participant:

| Communication | Y | N | Comments |
|--|----------|----------|-----------------|
| Imitate sounds after hearing them? | | | |
| Gesture appropriately to indicate yes, no, or want? | | | |
| Says or signs 0-9 words? | | | |
| Says or signs 10-24 words? | | | |
| Says or signs 25-100 words? | | | |
| Says or signs 100+ words? | | | |
| Use phrases of 2 words? | | | |
| Speak/sign in full sentences? | | | |
| Uses phrases/sentences containing but/or? | | | |
| Spontaneously relate experiences in detail? | | | |
| Express ideas in more than one way? | | | |
| Listen attentively to directions? | | | |
| Follow instructions requiring an action and an object? | | | |
| Point accurately to one or more body parts? | | | |
| Indicate a preference when given a choice? | | | |
| Follow instructions with multiple parts? | | | |
| Recite all letters of the alphabet? | | | |
| Print or write name? | | | |
| Demonstrate understanding of the function of money? | | | |
| Daily Living Skills | Y | N | Comments |
| Indicate anticipation of feeding on seeing bottle or food? | | | |
| Eat solid food? | | | |
| Drink from bottle/cup/glass unassisted? | | | |
| Feed self with a spoon or fork? | | | |
| Demonstrate that hot things are dangerous? | | | |
| Look both ways before crossing a road/street? | | | |
| Indicate wet diapers? | | | |
| Indicated soiled diapers? | | | |
| Urinate in potty-chair or toilet? | | | |
| Defecate in potty-chair or toilet? | | | |
| Toilet trained during the day? | | | |
| Toilet trained during the night? | | | |
| Brush teeth without assistance? | | | |
| Cover mouth and nose when sneezing/coughing? | | | |
| Remove pieces of clothing without assistance? | | | |
| Put shoes on correct feet without assistance? | | | |
| Fasten all fasteners? | | | |
| Dress self completely? | | | |
| Put own possessions away when asked? | | | |
| Help with chores as asked? | | | |
| Demonstrate understanding of the clock? | | | |

| Socialization | Y | N | Comments |
|---|----------|----------|-----------------|
| Respond to voice of caregiver? | | | |
| Show interest in novel objects or new people? | | | |
| Express two or more recognizable emotions like pleasure, fear, sadness or distress? | | | |
| Imitate simple adult movements like clapping or waving in response to a model? | | | |
| Play with toys or objects alone? | | | |
| Play with toys or objects with others? | | | |
| Play simple interaction games with others? | | | |
| Engage in make-believe activities alone? | | | |
| Engage in make-believe with others? | | | |
| Imitate adult phrases heard on previous occasions? | | | |
| Say please when asking for something? | | | |
| Label happiness, fear, sadness, and anger in self? In others? | | | |
| Share toys without being told to? | | | |
| Follow rules in simple games without being reminded? | | | |
| Have a preferred friend of the same sex? | | | |
| Follow school rules? | | | |
| Motor Skills | Y | N | Comments |
| Hold head erect for at least 15 seconds without assistance when held up in your arms? | | | |
| Sit unsupported for at least one minute? | | | |
| Raise self to sitting position? | | | |
| Move across the floor to get an object? | | | |
| Climb both in and out of a bed or a steady adult chair? | | | |
| Walk as the primary way of getting around? | | | |
| Self propel wheelchair in house? At school? | | | |
| Walk up and down the stairs? | | | |
| Run short distances? | | | |
| Jump with two feet? | | | |
| Jump over small objects? | | | |
| Hop on one foot while holding, without falling? | | | |
| Pedal tricycle at least 6 feet? | | | |
| Climb on high play equipment? | | | |
| Open doors that require only pushing or pulling? | | | |
| Transfer object from one hand to another? | | | |
| Pick up a small object with hands? | | | |
| Build with blocks, at least 5 high? | | | |
| Mark with pencil, crayon, and chalk on appropriate writing surface? | | | |
| Cut paper with scissors? | | | |
| Catch and throw a ball? | | | |

| Maladaptive Behavior | Y | N | Comments |
|--|---|---|----------|
| Suck his/her thumb or fingers? | | | |
| Have poor concentration and attention? | | | |
| Demonstrate an over dependence? | | | |
| Often withdraw? | | | |
| Exhibit extreme anxiety? | | | |
| Have poor eye contact? | | | |
| Act impulsively? | | | |
| Have times of being overly active? | | | |
| Have temper tantrums? | | | |

GOALS: (i.e. why are you applying for participation? What would you like to accomplish?)

PHOTO RELEASE

I _____ Do _____ Do Not

Consent to and authorize the use and reproduction by GREENLOCK THERAPEUTIC RIDING CENTER, INC. of any and all photographs and other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____
Participant/Legal Guardian/Parent

HIPPOTHERAPY SCHEDULING

We will set up an assessment visit (necessary for ALL clients) **ONLY** if we have an open slot you can be scheduled in on a weekly basis

The more flexible you can be in scheduling time, the sooner we can schedule you in an open slot. There IS a waiting list for late in the day and Saturday slots.

These are the current hours we do hippotherapy. Each appointment is ½ hour- the last appointment of the day is ½ hour before closing. Please indicate in the box what day(s)/times you are available to attend a weekly ½ hour scheduled therapy session.

| | |
|--------------------|--|
| Monday 11:30-5 | |
| Tuesday 9:30-5 | |
| Wed. 1-5 | |
| Thursday 9:30-2:30 | |
| Friday 9:30-4:30 | |
| Sat. 8:30-12 | |