



# 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:

<b>Communication</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
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?			
<b>Daily Living Skills</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
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?			

<b>Socialization</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
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?			
<b>Motor Skills</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
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	