



Lee-Mar Ranch Equine Center
and MN Valley Riding Academy
 Healing *Hearts* with *Hands & Hooves*

Participant's Application & Health History archive

General Information

Participant: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
 Address: _____
 Phone: _____ Email: _____ Alternative #: _____
 Employer/School: _____
 Address: _____
 Phone: _____
 Parent/Legal Guardian: _____
 Caregivers: _____
 Address (if different from above): _____
 Phone: _____
 Referral Source: _____
 How did you hear about the program? _____

Health History

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

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

Medications (include prescriptions, over-the-counter; name, dose and frequency)

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

Physical Function (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

Psycho/Social Function (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?)

Signature: _____ Date: _____

PHOTO RELEASE

- I DO
 DO NOT

consent to and authorize the use and reproduction by _____

Lee-Mar Ranch Equine Center

of any and all photographs and any 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: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff