

Red Horse Hugs Equine Assisted Therapy

Physical / Occupational Therapy Questionnaire

Client Name: _____ DOB: _____ Age: _____

Address: _____

Diagnosis: _____ Date of Request: _____

The above named client has applied for Therapeutic Horseback Riding Sessions at Red Horse Hugs Equine Assisted Therapy. So that we may design a riding program to best accommodate and benefit this person, we would appreciate your input. It is our intent to use our program as an extension of the services you provide; therefore, the following information is very helpful to us. We want to assimilate your goals (both short term and long term) into ours for this person.

Specific Physical Therapy Needs to Address:

Current Treatment Goals: (we set 8-10 goals and evaluate progress every 12 weeks)

Recommended Gross Motor Activities:

Any Helpful Hints for Working with This Person:

Physical/Occupational Therapist (Please Sign)

Date