



PARTICIPANT INTAKE FORM

We are looking forward to meeting you. Could you please give me some contact information?

Your Name:	
Date of birth:	
Your address:	
Your phone number:	
Your next of kin/emergency name and contact number:	
Their relationship to you:	

Please fill out the boxes below to give me some in depth information about how we may be able to help.

What has brought you to seek equine assisted therapy?	
Have you tried other therapies before? Tell me a bit about that.	
What in your life has contributed towards needing therapy? Any mental health or physical health diagnoses? Any difficult life circumstances you have had to navigate?	

Who are the special people/animals in your life, who you class as your main supports?	
Do you have any medications that you will need to take while with us in the paddock? Epi-pen, inhaler, medications that make you more sensitive to the sun etc?	
Do you have any coping strategies like self-harm, substance abuse, disordered eating etc that I should be aware of?	
Is there anyone else working with you on a regular basis (Social work/doctor/psychologist/psychiatrist/OT etc)?	
Do you give me consent to discuss your progress within our equine assisted therapy sessions with this person/these people?	
We will work together to create a goal plan for you. What would you like to achieve from coming along to equine assisted therapy?	

Participant's/Representative's signature:	
Participant's/Representative's name:	
Date:	

PLEASE FILL OUT, SIGN, DATE AND RETURN EMAIL TO GILLIAN@CUDDYBRAE.COM.AU