



Positive PT LLC
541 Jacoby Creek Rd.
Mount Bethel, PA 18343
Positive-PT.com

Participant Application & Health History

GENERAL INFORMATION:

Participant name _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____ County _____

Gender: M / F

Height _____ Weight* _____

* 200-LB WEIGHT LIMIT DEPENDANT UPON AMBULATORY STATUS, ROM, AND THERAPIST DISCRETION

Parent/Legal Guardian _____ Relationship _____

Address (if different from above) _____

Email Address _____

Phone-primary: _____ Phone-other (specify) _____

How did you hear about us? _____

HEALTH HISTORY (attach additional sheet if necessary)

Diagnosis/Disability _____

Other therapies currently received _____

Current medications _____

Psycho-social function (interests, family structure, support system, etc)

Prior experience with therapeutic riding or hippotherapy? YES / NO

If so, when and where? _____



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Does the student...	YES	NO	Comments
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Have a fear of animals/horses?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have altered sensation? (specify)			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			

GOALS:

What would you like to accomplish?

ADDITIONAL COMMENTS:

Please provide any additional information that you feel would be helpful.

Participant signature

Date

Parent/Guardian signature

Date