



Participant Information-Please Print

First name: _____ Last name: _____

Middle name: _____ Nickname: _____ Birth date: _____ Age: _____

Gender: M / F / prefer not to disclose Ethnicity (*used for grant writing purposes*): _____

Primary diagnosis: _____ Date of onset: _____

Secondary diagnosis: _____ Date of onset: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work Phone: _____ Email: _____

Preferred method of contact (select any/all preferred): Call (ok to leave VM) / Text / Email / Mail / _____

Occupation/school and level: _____

Hobbies/interests: _____

Height: _____ Weight: _____ Marital Status: _____

How did you hear about us? _____ Date of Registration: _____



Parent/Guardian and Emergency Contact

Emergency Contact #1

First name: _____ Last name: _____

Relationship to participant: _____ Occupation/employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work Phone: _____ Email: _____

Preferred method of contact (select any/all preferred): Call (ok to leave VM) / Text / Email / Mail / _____

Is this the primary/billing address: Yes // No _____

Emergency contact #2:

First name: _____ Last name: _____

Relationship to participant: _____ Occupation/employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work Phone: _____ Email: _____

Preferred method of contact (select any/all preferred): Call (ok to leave VM) / Text / Email / Mail / _____

Is this the primary/billing address: Yes // No _____



Individual responsible for payment/billing information: (if not listed above)

First name: _____ **Last name:** _____

Relationship to participant: _____ **Occupation/employer:** _____ **Position:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Cell phone:** _____

Work Phone: _____ **Email:** _____

Preferred method of contact (select any/all preferred): Call (ok to leave VM) / Text / Email / Mail / _____

Signature of participant, parent or guardian: _____ **Date:** _____

(if participant is under age 18 or is unable to sign for self, parent or guardian must sign and date)



Medical History & Screening Questionnaire

Participant Name: _____ DOB: _____

Medical History:

Medication	Prescribed for:

Allergies: _____

Seizure disorder: YES // NO Type: _____ Frequency: _____ Date of Last: _____

Current Therapies/Activities: _____

Mobility (*Circle all that apply*)

Walks Independent // Walks with device (WALKER / CANE / CRUTCHES) // Walks with support of another

Independent in wheelchair mobility // Requires assist to propel wheelchair // Dependent in mobility

Able to sit without help: YES // NO **Able to stand without help:** YES // NO

Hearing impairment: YES // NO **Language impairment:** YES // NO **Visual impairment:** YES // NO

Sensory concerns: YES // NO (*if yes, please explain*) _____

Behaviors: YES // NO (*if yes, please explain*) _____

Current goals or concerns: _____

Preferred treatment environment (*Circle all that apply*)

Surf therapy // Hippotherapy // Park // Other (*we welcome suggestions*) _____

Availability: _____



ABSOLUTE CONTRAINDICATIONS FOR HIPPO THERAPY

- Active mental health disorders that would be unsafe (fire setting, suicidal, animal abuse, violent behavior, etc.)
- Acute herniated disc with or without nerve root compression
- Chiari II malformation with neurologic symptoms
- Atlantoaxial instability (AAI) – a displacement of the C1 vertebra in relation to the C2 vertebra as seen on x-ray or computed tomography of significant amount (generally agreed to be greater than 4 mm for a child) with or without neurologic signs as assessed by a qualified physician; this condition is seen with diagnoses which have ligamentous laxity such as Down syndrome or juvenile rheumatoid arthritis
- Coxa arthrosis – degeneration of the hip joint; the femoral head is flattened and functions like a hinge joint versus a ball and socket joint. Sitting on the horse puts extreme stress on the joint
- Grand mal seizures – uncontrolled by medications
- Hemophilia with a recent history of bleeding episodes
- Indwelling urethral catheters
- Medical conditions during acute exacerbations (rheumatoid arthritis, herniated nucleus polyposis, multiple sclerosis, diabetes, etc.)
- Open wounds over a weight-bearing surface
- Pathologic fractures without successful treatment of the underlying pathology (e.g. severe osteoporosis, osteogenesis imperfecta, bone tumor, etc.)
- Tethered cord with symptoms
- Unstable spine or joints including unstable internal hardware