

CLIENT PROFILE/ REFERRAL FORM

 Please Note: No prior experience with horses is needed. You need to dress appropriately for an outdoor session, with flat, comfortable shoes or boots.

|  |
| --- |
| Contact Information  |
| Full Name: |
| Address: |
| Phone (Home): |
| Mobile |
| Email: |
| Preferred method of contact:  |
| Employment Information |
| Title: Employer: |
| Phone (Work): |
| School / Study |
| Year Level |
| Personal Information |
| Date of Birth/Age: |
| Relationship/Marital Status/Children |
| Previous Coaching/Counselling or Experiential Learning Sessions? |
| (If so, what was useful, what was unhelpful?) |
|  Profession/Job/Work: What do you do during a normal day? |
| What brings you to Equine Assisted Learning? |
| What is your experience with Horses? |
| What do you want to be different in your life? |
| What are your current challenges? |
| What do you consider to be your greatest strengths? |
| How do you support, strengthen and nurture yourself?What activities have meaning and heart for you? |
| Do you know your preferred style of learning? |
| What motivates you? |
| What do you believe to be your most important **values**? |
| Do you believe you are living congruently with these values? |
| How do you respond when you are in a really **challenging situation**? |
| **Learning GOALS** What are your top 5 goals, either short or long term, at the moment?12345 |
| What do you want to focus on in our Equine Assisted Learning sessions? |
| **CHALLENGES** What are your top 5 challenges at the moment?12345 |
| **FOCUS AREAS** What are your major objectives or gains that you wish to achieve from Equine Assisted Learning? |
| Is there anything else you would like to say |

|  |
| --- |
| Referral Agency: |
| Contact Name:Phone:Email: |
| Number of sessions booked: |