



PonyUp4Kids Foundation
2536 Wingdale Mountain Rd.
Poughquag, NY 12570
www.PonyUp4Kids.com
(845) 724-7128

EQUINE ASSISTED OT CLIENT INTAKE FORM

Completed by: _____ Date: _____

IDENTIFYING INFORMATION

Child's/ the client's name: _____

Birth date: _____ Age: _____ Sex: M F

Preferred Pronouns: _____

Address: _____

School: _____ Grade: _____

Related Services _____

(i.e. speech therapy, occupational therapy, counseling, etc.)

FAMILY INFORMATION

Caregiver/Parent's name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Caregiver/Parent's name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

MEDICAL AND DEVELOPMENTAL HISTORY

1. Name and address of Pediatrician/Physician: _____

2. How would you describe the client's health currently?

Excellent Good Fair Poor

*If Poor, please explain:

3. Were there any unusual circumstances during the mother's pregnancy or delivery at birth?

Yes No

*If Yes, please describe:

4. (If applicable) At approximately what age did your child/the client do the following:

_____ sit unassisted _____ crawl _____ walk _____ talk/communicate **5. Has your**

child/the client had any ear infections? Yes No

If yes, # of ear infections _____

Were tubes used to drain fluid? Yes No

6. Has your child had any major illnesses or allergies? Yes No

If yes, please describe:

7. Does your child/? Yes No

If yes, please explain:

BACKGROUND INFORMATION



How did you learn about us? _____

Please mark any of the concerns you have about your child:

Fine Motor Coordination

Gross Motor

Mobility:

Ambulatory? Y/N

Uses a Mobility
device?

Please describe: _____

Listening/Attention

Vision/Visual Impairment

Please describe: _____

Executive

Functioning/Cognition

Sensory Processing

Self Regulation

Social Interaction

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1. Please describe your concern about your child/the client and list their strengths and challenges:

2. Please describe your child's/the client's sensory processing concerns (i.e. sensitivity to loud noises, touch, taste, smell, or toe walking)?



3. When were your child's/the client's difficulties first noted?

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4. Has the problem improved worsened remained the same?

Please explain:

5. Are there situations in which your child has particular difficulty?

Yes No

If yes, please describe:

6. What strategies have worked AND have not worked for your child/the client?

Some examples include using nonverbal supports (i.e. visual schedules, picture list etc.), taking a break, movement breaks, deep breathing, fidgets, timers/countdowns, comfort item, specific types of feedback/praise, etc.

7. Please describe your child's/the client's current school placement or day program and any related services they are receiving.

- Is your child in a general education classroom, an ICT classroom, or a smaller classroom setting, or something else? Yes No
 - If yes, please describe:

- Has your child been evaluated for an IEP? Yes No
- Did your child qualify for any services? Yes No
 - If yes, please list the services they receive and the frequency:

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- Has your child/the client completed a Neuropsychological Evaluation? Yes No
If yes, please provide us with the report for a comprehensive review of your child's needs.
- Does your child/the client receive any other support services, such as play therapy, private OT/PT/Speech, psychotherapy, behavioral intervention, or something else?
 - If yes, please describe:

SOCIAL HISTORY

1. What opportunities does your child/the client have to play/socialize with peers?

2. What extracurricular activities does your child/ the client participate in and how often?

i.e. Swimming, Martial Arts, Sports, Dance, Music, Chess, Coding, etc.:

3. Has your child/the client ever participated in any Equine Assisted OT or Therapeutic Riding program?

○ If yes, please describe:

4. What play activities does your child enjoy and is motivated to participate in?

i.e. Nature, Crafts, Sports, Legos, Imaginary Play, Music, Dance etc.:

5. Does she/he/they play primarily ○ alone? or ○ with other children?

6. Does she/he enjoy pretend play? ○ Yes ○ No

7. Do you have concerns about your child's/the client's behavior? ○ Yes ○ No

If yes, please explain:



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8. Is there anything else you feel we should know about your child/the client?

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