

**PU4K EQUINE ASSISTED WELLNESS REFERRAL FORM**

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Referred by: \_\_\_\_\_

☐ Youth    ☐ Veteran    ☐ First Responder    ☐ Recovery    ☐ Other: \_\_\_\_\_

Community Support and Equine Assisted Wellness Services: (please check desired service)

☐ Evaluation

☐ Individual    ☐ Private    ☐ Semi-private    ☐ Group

☐ Family    ☐ Private    ☐ Group

☐ Retreat    ☐ Group    ☐ Family

☐ Social & Interpersonal Skill Building    ☐ Daily Living Skills    ☐ Community Integration

☐ Self Awareness & Betterment    ☐ Sober Living    ☐ Career Exploration & Skills

☐ Court Ordered    ☐ Community Service    ☐ Volunteer

Brief description of challenges: \_\_\_\_\_