



2019 Therapy Intake Form

In order to ensure coordinated care, BRS staff is provided with information relevant to participant abilities/disabilities. Volunteers have information applicable to their service to specific participants, but do not have access to confidential records.

PLEASE PRINT LEGIBLY

Participant Name _____

Nickname or preferred name _____

Date of Birth _____ Height: _____ Weight: _____

Diagnosis: Primary _____ Secondary _____

Emergency Contact Information (other than individual listed on Assumption of Risk)

Name _____ Relationship _____ Phone _____

Physician's name: _____ Phone: _____

Medications: (please write see attached if attaching a list of medications to this form) _____

Allergies: _____

How did you hear about our program? _____

Does rider have previous experience with horses and/or riding experience? If so, please describe: -

Physical Abilities

Is the participant proficient in the following areas? Please check the box for yes:

- | | |
|--|--|
| <input type="checkbox"/> Sits without assistance | <input type="checkbox"/> Stands without assistance |
| <input type="checkbox"/> Holds objects | <input type="checkbox"/> Walks without assistance |

Describe General Balance: Please list and explain ANY assistive devices that the participant utilizes at home, work or school: _____

Describe Hearing or Vision Impairments: _____

-- Please Turn Over --

Sensory Concerns: Please describe any sensitivity in the following areas:

Visual (seeing): _____

Auditory (hearing): _____

Olfactory (smelling): _____

Tactile (touching): _____

Proprioceptive (movement): _____

Cognition and Processing: Please complete the following as applicable. If there are no concerns, please check the following box and then skip ahead to Personality Profile.

No Concerns

Please check all boxes on that apply:

Educational/Cognitive	Social	Language
<input type="checkbox"/> Knows numbers <input type="checkbox"/> Knows letters <input type="checkbox"/> Knows left/right <input type="checkbox"/> Knows prepositions <input type="checkbox"/> Communicates feelings <input type="checkbox"/> Makes choices	<input type="checkbox"/> Recognizes name <input type="checkbox"/> Makes eye contact <input type="checkbox"/> Waves/ says hello/bye <input type="checkbox"/> Shares toys/items <input type="checkbox"/> Knows safety awareness <input type="checkbox"/> Interacts with peers <input type="checkbox"/> Appropriate conversation <input type="checkbox"/> Takes turns <input type="checkbox"/> Allows touch	<input type="checkbox"/> Makes sounds <input type="checkbox"/> Says words <input type="checkbox"/> Combines 2 or more words <input type="checkbox"/> Speaks in complete sentences <input type="checkbox"/> Understands "Yes" & "No" <input type="checkbox"/> Letter sound identification <input type="checkbox"/> Signs or uses gestures <input type="checkbox"/> Uses picture symbols

Follows simple directions: 1 Step 2 Step 3 Step complex

Attention to task: Poor (0-1 min) Fair (1-5 min) Average (5 min)

Frustration tolerance: Poor Fair Average

Problem solving: Poor Fair Average

Personality Profile

What are some favorite activities or topics? _____

Relevant fears or dislikes? (Height, Noise, Spiders/Insects, etc.) _____

Psychological Issues If yes, please explain below, including triggers No Concerns

Successful intervention strategies used for above (sensory modalities, behavioral, etc.)

Emotional Issues If yes, please explain below, including triggers No Concerns

Successful intervention strategies used for above (sensory modalities, behavioral, etc.)

Behavioral Issues If yes, please explain below, including triggers No Concerns

Successful intervention strategies used for above (sensory modalities, behavioral, etc.)

Social Issues If yes, please explain below, including triggers No Concerns

Successful intervention strategies used for above (sensory modalities, behavioral, etc.)

Learning style, please circle the answer that best applies:

Visual/learns by seeing

Auditory/learns by hearing

Kinesthetic/learns by doing

Anything else we should know? _____

Please list any goals (i.e. what would you like to accomplish in Adaptive riding/hippotherapy?):

This form was completed by: _____ Date _____

Relationship to rider: parent, relative, caregiver, other _____

Please check if attaching additional sheets of paper (i.e. IEP, medical history, medications)