



# 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:

- Sits without assistance       Stands without assistance  
 Holds objects       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

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

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

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

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

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

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

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

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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? \_\_\_\_\_

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

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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)