



FREEDOM HORSE

158 FLOCKTOWN RD. LONG VALLEY, NJ 07853

908.852.4201

“And God took a handful of southerly wind, blew his breath upon it, and created the horse”

Participant’s Application and Health History

GENERAL INFORMATION

Participant’s Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender M F

Address: _____

Phone: _____ Email: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian/Caregivers: _____

Address if Different from Above: _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program: _____

HEALTH HISTORY

Diagnosis: _____ : _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

PHOTO RELEASE

I _____ DO
_____ DO NOT

Consent to and authorize the use and reproduction by Freedom Horse of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff