



Calvin Center  
Therapeutic Riding Program  
13550 Woolsey Road  
Hampton, GA 30228

770-946-4276  
www.calvincenter.org

## Participant Application and Health History

To be completed by the applicant, or the parent/legal guardian if applicant is a minor or dependant adult  
Please type or print. Use black or blue ink.

Name \_\_\_\_\_  
Last First Middle Name participant goes by

Date of Birth \_\_\_\_\_ Gender: Male  Female  Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Parent /Guardian \_\_\_\_\_

Parent/Guardian address if different than above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who should we contact regarding application, scheduling, cancellations, billings etc? \_\_\_\_\_

Contact's relation to participant (e.g. parent, aide, facility staff) \_\_\_\_\_

Contact e-mail address \_\_\_\_\_ Contact cell phone \_\_\_\_\_

Contact evening phone \_\_\_\_\_ Contact day phone \_\_\_\_\_

\*Participant's school program \_\_\_\_\_ Phone \_\_\_\_\_

\*Participant's special education case manager \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Describe participant's abilities/difficulties with function (i.e. mobility skills such as transfers, walking, wheelchair use.)

Include assistance required or equipment needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe participant's social abilities/difficulties: \_\_\_\_\_  
\_\_\_\_\_

Participant Application and Health History - Continued

**Participant's Health History**

Please fill out all answers completely. Attach an additional sheet of paper if needed.

Participant's Diagnosed or Verified Disability: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Please indicate **current or past** problems in the following areas.

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

Participant height: \_\_\_\_\_ Participant weight: \_\_\_\_\_ Verbal communication? Yes  No

Sign Language? Yes  No  Comments: \_\_\_\_\_

Please list the medications participant is presently taking including over the counter medications :

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken daily \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken daily \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken daily \_\_\_\_\_

Reason for taking \_\_\_\_\_

**I certify that I have supplied this health history information and that to the best of my knowledge, it is up to date, legal and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant, parent or legal guardian

Participant Application and Health History - Continued

**Additional Questions To Help Us Evaluate The Rider's Needs**

Riding Experience: Yes  No  If yes, list years \_\_\_\_\_ Type? \_\_\_\_\_

Comments: \_\_\_\_\_

Has rider participated in therapeutic riding before? If so, describe. \_\_\_\_\_

Calvin Center is a Christian faith-based therapeutic riding program. Please describe applicant's comfort level with prayers and talking about faith during lessons: \_\_\_\_\_

What interests, activities and hobbies does the applicant enjoy at home and/or school? \_\_\_\_\_

Calvin Center Therapeutic Riding Program strives to meet a rider's individual goals. These may include recreation, education, etc. Please share goals for participating in this program: \_\_\_\_\_

Please describe any additional fears, issues or characteristics of the applicant that our staff and volunteers need to know in order to best serve the applicant: \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent/guardian signature (if under 18 or dependant adult)** \_\_\_\_\_

**Parent/guardian printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_