



LOVE for Therapeutic Riding

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Tax ID 26-2965095

a faith-based, non-profit program 501 (c)(3)



RIDER 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 transfer, 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)

Describe previous experience with horses / riding (no experience is required):

Signature

Date
