CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.
EIN #: 87-0735538
19535 Sea Pines Way
Boca Raton, FL 33498
Phone 561-350-7939 ▪ Website www.childrensfeat.org
E-Mail: anke@childrensfeat.org

Participant's Application and Health History

GENERAL INFORMATION

Participant: ____
DOB: ____________ Age: _____ Height: _________ Weight: _______ Gender: M F
Address: ____
Phone: ____________ E-mail: ________________________ Alternative #: ____________
Employer/School: ____
Address: ____
Phone: ____
Parent/Legal Guardian: ____
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			

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.)

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____
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____
____

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

____
____
____
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____
____

Signature: ____________________________________ Date: ______________________

PHOTO RELEASE

I DO

DO NOT

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

Signature: ____________________________________ Date: ______________________

Client, Parent or Legal Guardian

Signed in the presence of center staff