Banbury Cross
Therapeutic Equestrian Center

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International
CENTER MEMBER

2025 Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB:_____ Age:_____ Height:_____ Weight:_____ Gender: M F (circle one)

General Diagnosis:_____

Mailing Address: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Parent/Guardian Phone #: _____Text: Y N Alternative #: _____

Contact Numbers (Caregivers, etc.): _____ _____

Email Address_____

Referral Source: _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

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

(over)

What medications are you currently taking, including over-the-counter medications? _____

_____

_____

_____

_____

_____

Describe your abilities/difficulties in the following areas in as much detail as you'd like the staff to know.

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

_____

_____

_____

_____

_____

_____

SOCIAL (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?)

_____

_____

_____

_____

_____

_____

PHOTO RELEASE

I ❑ DO
❑ DO NOT

Consent to and authorize the use and reproduction by *Banbury Cross Therapeutic Equestrian Center* of any and all photographs and any other audio/visual materials taken of participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____
Participant (*if participant is over 18 and legally responsible),* Parent or Legal Guardian