



Loudoun Therapeutic Riding, Inc.  
 At the Morven Park Equestrian Center  
 41580 Sunday Morning Lane  
 Leesburg, Virginia 20176  
 703-771-2689 Fax: 703-779-1368  
 www.ltrf.org

## Participant's Application and Health History

### General Information:

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M\_\_ F\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cellular: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian/Caregivers: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_ How did you hear about our center? \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

	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 prescriptions, over-the-counter; name, dose, frequency)* \_\_\_\_\_

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*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)*

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**PSYCHO/SOCIAL FUNCTION** *(i.e. Work/school including grade completed, leisure interests, relationships–family structure, support systems, companion animals, fear/concerns, etc.):* \_\_\_\_\_

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

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***\*\*I have read and agree to all Policies, Procedures, Rules, and Guidelines established for participation in LTR programs or activities.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PHOTO RELEASE:**                      I \_\_\_ Do                      I \_\_\_ Do not

*Consent to and authorize the use and reproduction by Loudoun Therapeutic Riding Foundation, Inc. of any and all photographs and any other audio/visual materials taken of me and/or my child for promotional material, social media, educational activities, exhibitions or for any other use for the benefit of the program.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Client, Parent or Legal Guardian)*