



Loudoun Therapeutic Riding, Inc.
 14490 Berlin Turnpike
 Lovettsville, Virginia 20180
 703-771-2689 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)* _____

Describe your abilities/difficulties/precautions 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, fear/concerns, etc.):* _____

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

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

Signature: _____ **Date:** _____

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)