VASS AT MOONRISE FARM: Client Application and Information Form

Thanks for taking the time to fill this out; it helps us serve you better!

Client Name: _____ Date: _____
Birth Date: _____ Age: _____ Sex: _____ Height: _____ Weight: _____
Address: _____ **Phone**: _____ **Email**: _____
Parent/Guardian Name: _____ Home #_____Work# _____
Emergency Contact Person: _____ Emergency Contact #: _____
Primary Physician: _____ Phone #: _____
School: _____ School Contact: _____
Is the Student on an Individualized Education Plan (**IEP**)? _____
Date of last **Tetanus** shot:_____
Allergies or other restrictions?

_____

Client **Diagnosis/Disability**: (list all) _____
Comments on above:

_____

_____

Please describe/list **areas of strength**:

_____

_____

_____

Medications currently using: _____

_____

For those clients with Seizures, please list type:_____ Date of Last Seizure:____
If controlled by medication, what kind: _____
For those with Downs Syndrome, date of last AlantoDens Interval x-rays:_____
Results were Positive or Negative?
Neurological Symptoms of AlantoAxial Instability:
Restrictions to Activity/Mobility (please list assistive devices):

_____

_____

Motor Status: In space provided please list any difficulties with:
Muscle Tone, Balance, Loss of sensation, Circulation in Limbs, Decrease of Strength, Range of Motion (ability to flex trunk, extremities, rotate head), Spasticity, Gait.

_____

_____

Communication, Attitude And Behavior: Rate with increasing number1-3 according to level of interference
Distractability____Impulsiveness____ProblemSolving____Recall/Memory____Disorientation____
Anxiety___ Ability to Follow Directions___ SelfEsteem____ Agressiveness____ Motivation____
Frustration Level____ Slowness of Speech____ Spatial Disorientation___ Slowness of Cognition____
Other Areas of Concern that would be helpful for us to know about?

_____

_____

I HAVE/HAVENOT (circle one) contacted my physician or physical therapist regarding my participation in the therapeutic horseback riding program. I accept any and all responsibility for anything that might occur to me while participating in this sport.
SIGNATURE: _____ DATE: _____