

Rider Information Form

Please mail to: Northland Therapeutic Riding Center, P.O. Box 1267, Kearney, MO 64060

Rider's Application and Health History (To be completed by the rider or parent/legal guardian.)

Rider's Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Sex: M ___ F ___

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Alternative #: _____ Email: _____

Rider's Employer or School Name (if applicable): _____

Address: _____ Phone: _____

Name of Parent/Legal Guardian (if participant is under 18 years of age): _____

Parent/Legal Guardian Address/Phone (if different from rider's address above):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate current or past difficulties in the following systems/areas:

Vision	Yes ___	No ___	Comments: _____
Sensation	Yes ___	No ___	Comments: _____
Breathing	Yes ___	No ___	Comments: _____
Communication	Yes ___	No ___	Comments: _____
Hearing	Yes ___	No ___	Comments: _____
Digestion	Yes ___	No ___	Comments: _____
Elimination	Yes ___	No ___	Comments: _____
Heart	Yes ___	No ___	Comments: _____
Circulation	Yes ___	No ___	Comments: _____
Emotional	Yes ___	No ___	Comments: _____
Behavioral	Yes ___	No ___	Comments: _____
Pain	Yes ___	No ___	Comments: _____
Bone/Joint	Yes ___	No ___	Comments: _____
Muscular	Yes ___	No ___	Comments: _____
Thinking/Cognition	Yes ___	No ___	Comments: _____
Allergies	Yes ___	No ___	Comments: _____
Application	Yes ___	No ___	Comments: _____

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

Describe your abilities/difficulties in the following areas (including assistance required or equipment needed):

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. What would you like to accomplish through your participation in a therapeutic riding program?)

Signature of Rider or Parent/Legal Guardian: _____

Date: _____