



RIDER APPLICATION AND GENERAL HEALTH HISTORY

GENERAL INFORMATION:

Date: _____

Rider's Name (Last, first): _____

Parent/Guardian Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-Mail Address _____

DOB: _____ Age: _____

Height: _____ Weight: _____

Gender: M F

School: _____

Phone: _____

Teacher: _____

Phone: _____

How did you come to know about our program? _____

What are your goals:

HEALTH HISTORY

Diagnosis: _____

Date of Onset: _____

Please indicate current needs if applicable.

Yes / No Comments

Vision
Hearing
Sensation
Communication
Heart
Breathing
Digestion
Elimination
Circulation
Emotional/Mental

Health
Behavioral
Pain
Muscular
Thinking/Cognition
Bone/Joint
Allergies

MEDICATIONS

Name	Dose	Prescription	Over The Counter	Frequency

PHYSICAL FUNCTION

Describe abilities/difficulties in the following areas (include assistance required or equipment needed) For example: Mobility skills such as transfers, walking, wheelchair use, driving/bus riding.

PSYCHO/SOCIAL FUNCTION

What grade completed/workforce, leisure interests, family structure, relationships, support systems, pets, fears, concerns, etc.

COMMENTS
