



**CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.**

**EIN #: 87-0735538**  
**19535 Sea Pines Way**  
**Boca Raton, FL 33498**  
**Phone 561-350-7939 • Website [www.childrensfeat.org](http://www.childrensfeat.org)**  
**E-Mail: [anke@childrensfeat.org](mailto:anke@childrensfeat.org)**

**Participant's Application and Health History**

**GENERAL INFORMATION**

Participant: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Alternative #: \_\_\_\_\_  
 Employer/School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Parent/Legal Guardian: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How did you hear about the program? \_\_\_\_\_

**HEALTH HISTORY**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			

*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)

---

---

---

---

---

---

**PSYCHO / SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

---

---

---

---

---

---

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

---

---

---

---

---

---

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

**PHOTO RELEASE**

I DO  
DO NOT

Consent to and authorize the use and reproduction by \_\_\_\_\_ of any and all photographs and any other audio/visual materials taken of me for promotion material, educational activities, exhibitions or for any other use for the benefit of the program.

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

Client, Parent or Legal Guardian  
*Signed in the presence of center staff*