



Xenophon Therapeutic Riding Center
 P.O. Box 16 • Orinda • CA • 94563
 (510) 459-8116



Student Application and Health History

GENERAL INFORMATION

Student: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Male Female

Address: _____

Phone: _____ Alternative Phone: _____

Email: _____

School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

How did you hear about our program? _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

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

What medications is student currently taking, including over-the-counter medications?

Describe student's abilities/difficulties in the following areas (include 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. why you are applying for participation and what you would like to accomplish):

PHOTO RELEASE

I DO

DO NOT

consent to and authorize the use and reproduction by Xenophon Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Student, Parent, or Legal Guardian