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Rider's Intake Form

Please print clearly. All information is confidential.

Caregiver's name _____ Relationship _____

Child's name _____ DOB _____ Sex _____

Mailing address _____

The child was adopted at _____ (age) from _____ (Country/ State)

Do you have the history of your child before they came to you? _____ If yes, please explain

Who diagnosed the attachment problems? _____ Date _____

Has your child been diagnosed with other emotional, psychological, mental or physical problems? _____

If yes, please explain by whom and when _____

Has your child been diagnosed with Attachment Disorder or Reactive Attachment Disorder? _____

What symptoms are present? _____

Does your child have a history of claiming false allegations of abuse? _____ Does your child have a

history of self-abuse? _____ Please explain _____

Does your child have any medical issues I should know about? _____ Please explain _____

Can they participate in physical activity safely? _____ If no, please explain _____

Therapist's name _____ Tele. # _____

Psychiatrists name _____ Tele. # _____

Did either of these professionals refer you to us and if so, whom? _____

Do they know you are receiving our services? _____

Do you have a good working relationship with either or both? _____

What medication is the child taking and why? _____

Have you, the caregiver and seeker of therapeutic horseback riding ever been diagnosed with an emotional, mental or psychological problem? _____

If yes, please explain _____

Are you taking any prescription medications? _____

Please list the names and reasons _____

Are you the legal guardian of the participant? _____

Do you feel you are in your right mind to fill out this intake form? _____

Please feel free to attach any information about your child that you see pertinent to their success. Additional pages may be added if an area needs further explanation.