



**Pikes Peak Therapeutic Riding Center**

13620 Halleluiah Trail  
 Elbert, CO 80106  
 (719) 495-3908  
 Fax (719) 494-1689

**Rider Health History**

To be completed by the participant or parent/legal guardian

Participant: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent/Legal Guardian: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 How did you hear about the program? \_\_\_\_\_  
 Diagnosis & explanation: \_\_\_\_\_

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

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

What medication(s) is the participant currently taking, including over-the-counter medications?: \_\_\_\_\_

Please describe your prior therapeutic riding or horseback riding experience (if any): \_\_\_\_\_

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, etc): \_\_\_\_\_

SOCIAL (i.e. work/school including grade completed, leisure interests, relationships-family structure, support system, companion animals, fears/concerns, etc): \_\_\_\_\_

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

OTHER (notes or concerns): \_\_\_\_\_

\*Please attach additional sheets of paper if desired

\*Feel free to enclose a photograph for your file

\_\_\_\_\_  
Signature of Participant (or parent/guardian if underage)

\_\_\_\_\_  
Date