



KaleidoScope

KaleidoScope Therapeutic Riding Program
 21 Branin Road
 Medford, NJ 08055
 609-923-7847

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
 Address: _____
 Phone: _____ Email: _____ Alternative #: _____
 Employer/School: _____
 Address: _____
 Phone: _____
 Parent/Legal Guardian: _____
 Caregivers: _____
 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:

Areas	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

KaleidoScope Office Mailing Address:
 23 Elmwood Drive, Tabernacle, NJ 08088
 E-Mail: KaleidoScopeTR@yahoo.com

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOSOCIAL FUNCTION (e.g., 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 KaleidoScope Therapeutic Riding Program, Inc. 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: _____

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

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