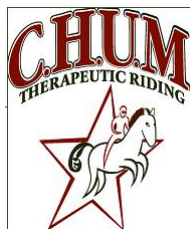


# Participant/Personnel Information & Health History



CHUM Therapeutic Riding  
PO Box 14  
Mason, MI 48854

Phone: (517)204-0974  
Email: bonnieandchum@gmail.com

## General Information

Name:

Date:

Address:

Date of Birth:

Phone (cell)

Other phone

Employer/school:

Address:

Parent/Guardian/Caregiver – Name/add/phone:

How did you learn about the program?

## HEALTH HISTORY

Please list any diagnosis and current health status, particularly regarding the physical/emotional demands of participating in an equine assisted activities and therapies program.

Diagnosis:

Heart

Breathing – Asthma Y N Inhaler Y N

Blood Pressure

Allergies Bees? Y N Epipen Y N

Arthritis

External feeding/digestion devices

Joint Replacement

Communication issues Sign Language Y N

Rods/Shunts/etc

Seizures Controlled Y N VNS implant Y N

Vision

Hearing Aids Y N Cochlear implant Y N

I understand that the information provided above is accurate to the best of my knowledge.

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at this center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature:

Date: