



WISH UPON A HORSE

THERAPEUTIC RIDING CENTER

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Rider Information Form

To be completed by the participant or parent/legal guardian

Date: _____

Rider Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ M F

Primary diagnosis: _____

Secondary diagnosis: _____

Mobility status (walks unassisted, assistive devices, etc.): _____

Communication (verbal, non-verbal, signs): _____

Behaviors (impulsive, fearful, frustration, tolerance, etc.) _____

Medications taken: _____

Seizures (if applicable, please describe): _____

Limitations: _____

Allergies: _____

Skin sensitivity: _____

Occupation/school grade level: _____

Affiliate Program (if applicable): _____

Personal Goals (fill in the areas that apply):

Physical: _____

Cognitive: _____

Social/Behavioral: _____

Life Skills: _____

Other: _____

Are you a veteran of the U.S. Armed Forces: Yes No

*When seeking funding, we are frequently asked about the ethnicity of our riders. To help us with this reporting please answer the following **optional** questions:*

Do you consider yourself Hispanic/Latino? Yes No

Which category best describes your race?

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |