

# EQUUSTRONG UK PARTICIPANT'S APPLICATION AND HEALTH HISTORY

## General Information:

### Participant:

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M\_\_ F\_\_

### Address:

\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

### Address:

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian / Carer / Next of Kin: \_\_\_\_\_

### Address: (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_\_

How did you hear about our Equustrong UK? \_\_\_\_\_

Referrer (if applicable): \_\_\_\_\_

## Health History: Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			

Sensation			
Communication			
Heart			
Breathing			
Digestion			
Circulation			
Emotional / Mental Health			
Behavioural			
Pain			
Bone/Joint			
Muscular			
Thinking / Cognition			
Allergies			
Other (please specify)			

**MEDICATIONS:** (include prescriptions, over the counter; name, dose, frequency)

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

**PHYSICAL FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHO / SOCIAL FUNCTION** (i.e. Work / school / further education completed, leisure interests, relationships-family structure, support systems, companion animals, fear / concerns, etc.):

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

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I have read and agree to all Policies, Procedures, Rules, and Guidelines established for participation in Equustrong UK programs or activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE** (tick as appropriate): I Do \_\_\_\_ I Do not \_\_\_\_

Consent to and authorize the use and reproduction by Equustrong UK of all photographs and any other audio / visual materials taken of me and / or my child for promotional material, social media, educational activities, exhibitions or for any other use for the benefit of the programme.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Client, Parent, Guardian, Carer)