

HOPE REINS, INC.  
3804 PIONEER TRAIL  
NEW SMYRNA BEACH, FL 32168  
(386) 424-0123

Website: [www.hopereinsinc.org](http://www.hopereinsinc.org) email: [contact@hopereinsinc.org](mailto:contact@hopereinsinc.org)

Participants Application & Health History

GENERAL INFORMATION

Participant: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ Gender M F  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative # \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Caregivers: \_\_\_\_\_  
Emergency Contact (name and phone #) \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Phone: \_\_\_\_\_ Referral Source: \_\_\_\_\_  
How did you hear about the program? \_\_\_\_\_

HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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

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

MEDICATIONS (Include prescription, over-the-counter, name, dose and frequency:

---

---

---

---

---

Describe your abilities/difficulties 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)

---

---

---

---

PSYCHO/SOCIAL FUNCTION (i.e. 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?)

---

---

---

PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

Shaded Areas to Be Completed by Hope Reins Evaluator:

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

SADDLE \_\_\_\_\_ STIRRUP HOLE \_\_\_\_\_

HELMET \_\_\_\_\_ TYPE OF LESSON RECOMMENDED \_\_\_\_\_

# OF VOLUNTEERS NEEDED \_\_\_\_\_

1<sup>st</sup> LESSON SCHEDULED FOR: \_\_\_\_\_