



Brave One Program

Additional Health Questions

Please complete this form as accurately as possible so we can best serve your family. All information is confidential.

Current Diagnosis:

Has Applicant had any previous experience with therapeutic riding? Yes or No

If yes, please explain:

Describe Applicants functional abilities and difficulties, such as: mobility skills, walking

Describe assistance required or equipment needed:

Describe Applicants social abilities and difficulties, such as: work/ school, family structure, support system, fears

Describe assistance required or equipment needed:

Does the applicant use:

- Echolalia (repeating of words w/o regard of meaning)
- Stemming (rocking, spinning, hand flapping)
- Self-Regulatory Behavior (Please describe how the Applicant uses self-soothing behavior.)

How does the Applicant best communicate with others?

- Spoken Language
 - Sign Language ASL or E/E
 - Written Language
 - Communication device
 - Combination of the above (please describe)
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Do changes in the Applicant’s environment affect their behavior?

- Never
- Sometimes
- Frequently

Please answer the following to best help us prepare for your arrival and evaluation.

Does the Applicant...	YES	NO	Comments
Walk independently?			
Have poor balance sitting/standing balance?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have speech/language difficulties?			
Have allergies or breathing problems?			
Have pain?			
Have emotional/behavioral problems?			
Have heart/circulation problems?			
Have short term/long term memory loss?			
Have a fear of heights?			
Have a fear of horses or animals?			
Have Seizures?			

