



Equinox Horse Foundation

Caregiver Information

Rider's Name: _____ Date: _____

TO BE COMPLETED BY PARENT, CAREGIVER, OR THERAPIST

Please include any other information, which would be helpful. **This is important. It will help instructors with your rider, so please be as candid as possible.** Use the back of this form or additional sheets if needed. Please do not leave any blank questions. Thank you for your help.

Long-term therapeutic goals (5 years +):

Short-term therapeutic goals (within 1 year):

Specific activities/exercises being used to achieve these goals in addition to therapeutic riding:

Rider's likes, dislikes, interests, and hobbies:

Behaviors to be encouraged:

Behaviors to be discouraged:

Behavior patterns which may affect our work with the rider, for example, does he/she get along well with others, does he/she have any sensory issues, does he/she have any sensitivity to extreme temps, and allergies or fears:

Does this rider have **ANY** history of unsafe behavior or offenses with self or towards other people, animals, or property? IF so please describe.

What is the most effective method used in communicating with this rider, and how does he/she communicate with others:

Who else is involved in your rider's care besides their physician; list ALL professionals with the ability to provide care for your rider:

Name of person completing this form: _____

Relationship to Rider: _____ Phone: _____