

Windrush Farm Client Registration

Please use this checklist to ensure that all forms have been completed:

All Clients:

- Client Information, Information for Instructors, and Health History**
Use N/A for any line that is not applicable.
- Client Authorization for Emergency Medical Treatment**
Use N/A for any line that is not applicable.
- Release and Indemnification and Affidavit**
This agreement is in effect for the duration of the client’s involvement with Windrush Farm and only needs to be completed once, unless circumstances change (ex: client turns 18, change in legal guardianship, change in marital status, etc.).
The affidavit must be completed if one parent has sole legal custody of the client or the client has a court appointed guardian. If the client has a court appointed legal guardian, the Court and Docket Number must also be supplied.
- Photo Release**

Therapeutic Clients Only:

- Client’s Medical History and Physician’s Statement**
Must be completely filled out, signed and dated by the client’s physician.
This form is valid only with the physician’s signature and date.
Windrush Farm can accept this form only. Windrush Farm cannot accept a physician’s form or any sports related release forms.
This form may be faxed to Windrush Farm at 888-642-4907.
- Physical or Occupational Therapy Evaluation**
Section 2 must be completely filled out and signed and dated by client’s PT /OT, or if not under the care of a PT/OT, please sign and date section 1.
This form may be faxed to Windrush Farm at 888-642-4907.

All Clients:

- I have completed the necessary forms, and have read and understand the client manual.**
The client manual is available online at: windrushfarm.org/client-manual

Client Name _____ Client Signature _____
Legal Guardian if client is under 18

Client Information

Thank you for completing this entire form, as it assists us with demographic information for our grant writing efforts.

Title _____ First Name _____ Last Name _____

Preferred Phone _____ Date of Birth _____

E-mail Address _____

Street _____ City _____ State _____ Zip _____

Place of employment or school _____ Phone _____

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Ethnicity: Asian African American/Black Caucasian Hispanic/Latino
 Hawaiian or Pacific Islander American Indian or Alaskan Native
 I choose not to answer

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

I am a **current** client at Windrush Farm

I am a **new** client:

How did you hear about this program?

Website Ad Social Media Client/Referral
 Other _____

If referred, please list source and date _____

Do you or a family member have a military or first responder connection?

Please check all that apply:

Veteran Active Duty Gold Star Family Member Military Spouse
 First Responder Other: _____

If you checked a box, thank you for your service!

Would you like to know more about our programs for military connected clients and first responders?

Yes No

Please complete if client is under 18 years of age:

Legal Guardian 1:

Title _____ First Name _____ Last Name _____

E-mail Address _____ Preferred Phone _____

Address is same as client. If not, please complete:

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

Employment _____ Phone _____

Street _____ City _____ State _____ Zip _____

Legal Guardian 2:

Title _____ First Name _____ Last Name _____

E-mail Address _____ Preferred Phone _____

Address is same as client. If not, please complete:

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

Employment _____ Phone _____

Street _____ City _____ State _____ Zip _____

Information for Instructors

Height _____ Weight _____ (used to determine horse selection)

Horsemanship/Horse Care Goals

Short Term (6-12 months) & Long Term (2-3 years)

Riding Goals

Short Term (6-12 months) _____

Long Term (2-3 years) _____

Other Goals (social, recreational, professional, etc.) _____

Areas of Focus/Strengths/Weaknesses:

Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment. A good place to start might be teaching aids and tools that best support your learning style and needs.

Preferences:

The needs and requirements of all our clients are a priority. Every effort is made to provide your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse, type of horse, or piece of equipment so that, if we cannot exactly meet your wishes, we can come close.

Concerns:

This could include any past riding or horse experiences that caused a loss of confidence, any conditions or circumstances that you feel could interfere with your ability to ride or work with our horses safely or to your full potential, any fears, etc.

Health History

Diagnosis: _____

Date of Onset _____

Please indicate current or past areas of concern:

	Y	N	Comments
Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elimination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional/Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	_____
Muscular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other Health Issues: Please list any health issues not addressed above that you feel staff should be aware of.

Medications: Please list prescriptions and over-the-counter medication(s): name, dose, and frequency.

Physical Function: Describe your potential difficulties when mounting/dismounting and riding a horse.

Cognitive/Learning Skills (i.e. Learning disabilities, communication aids or tools)

To the best of my knowledge, the above information is up to date and accurate.

Date _____ Client Signature _____

Legal guardian if client is under 18

Client Authorization for Emergency Medical Treatment

Client Info:

Date of Birth _____
First Name _____ Last Name _____
Preferred Phone _____ E-mail _____
Street _____ City _____ State _____ Zip _____

In the event of an emergency, contact:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Physician's Name _____ Phone _____
Preferred Medical Facility _____
Health Insurance Co _____ Policy # _____
Allergies to Medications _____
Current Medications _____

Please state any information that you want supplied to a medical professional treating you in an emergency:

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the premises operated by Windrush Farm Therapeutic Equitation, Inc., I authorize Windrush Farm Therapeutic Equitation, Inc. to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date _____ Consent Client Signature _____
Legal Guardian if client is under 18

OR Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Windrush Farm Therapeutic Equitation, Inc. Must check one of the following:

- A legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Client Signature _____
Legal Guardian if client is under 18

WARNING: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A CLIENT IN EQUINE ACTIVITIES RESULTING FROM THE RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128-SECTION 2D OF THE GENERAL LAW.

Release and Indemnification

This release and indemnification is made by and between the parties executing this Agreement (each and collectively, the “Parties”) and any and all persons and parties now or hereafter having any interest in the business known as Windrush Farm Therapeutic Equitation, Inc, a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Inc. (collectively “Windrush Farm”). Windrush Farm provides horseback riding lessons to individuals, including but not limited to disabled and handicapped children (the “Program”). Windrush Farm owns the land and improvements thereon known as and located at 470/479 Lacy Street, North Andover, Massachusetts 01845 (the “Farm”). Windrush Farm owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the “Horses”). As used herein, the word “horse” shall include horses and ponies of every kind. The Parties desires that the Participant have the opportunity to participate the Program, and/or ride and work with the Horses at the Farm and/or at such other locations as Windrush Farm conducts its activities and/or assist with the Program and/or assist with Windrush Farm’s operations or property and/or volunteer with Windrush Farm (each and collectively, the “Activities”). **Windrush Farm will not permit the Participant to participate without the execution of this release and indemnification which is of material significance to Windrush Farm.** The Parties hereby acknowledge and agree that the activities contemplated hereby are “equine activities,” that Windrush Farm is an “equine professional” and/or an “equine activity sponsor,” and the Participant is a “participant” all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Parties agree as follows:

1. **Inherent Risks.** The Parties acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Parties have chosen to permit the Participant to participate in the Activities. In addition, the Parties hereby acknowledge that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental and/or emotional challenges and both the Parties accept the additional risks and dangers presented thereby.

2. **Participant’s Representations.** The Parties have been provided with medical and informational intake forms by Windrush Farm. The Parties hereby certify that the information contained therein is true and accurate in all respects. The Parties hereby acknowledge that Windrush Farm will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any material respect, the Parties shall immediately notify Windrush Farm in writing. In no event shall Windrush Farm be responsible for inquiring into the condition of the Participant’s physical, medical, emotional or mental condition or any change in such condition.

3. **Instructions and Authorization.** The Parties each agree to follow the instructions of Windrush Farm at all times and not to undertake any activity which Windrush Farm has not specifically authorized. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties due to non-compliance with the instructions of Windrush Farm or actions that have not been specifically authorized by Windrush Farm in each instance. Windrush Farm shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other person (including any minors) on the Farm. Unsupervised minors and any person failing to comply with the instructions of Windrush Farm are subject to immediate ejection from the Farm.

4. **Equipment.** The Parties acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. If the Parties discover or notice any defects or breakage in or related to any equipment or tack, he, she or they shall immediately notify Windrush Farm. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties caused by any defect in any such equipment or tack.

5. **Condition of the Land.** The Parties understand and acknowledge that he, she or they may be in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which Windrush Farm has permission to use (collectively, the “Land”) and that the Land presents certain hazards of which Windrush Farm may be or should be aware. The Parties specifically agree to hold Windrush Farm harmless from any injury or death arising from the conditions of the Land. Windrush Farm has not undertaken to inspect the Farm for hazards which may exist on the Land and has not undertaken to warn the Parties of any hazards which may exist on the Land. It shall be the sole responsibility of the Parties to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Parties agree that neither he, she, it, nor they shall hold Windrush Farm liable for any injury to or death resulting from or related to his or her involvement in equine activities and/or the Activities. The Parties hereby remise, release and forever discharge Windrush Farm for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death caused by or in any manner related to equine activities and/or the Activities or arising from his, her or their presence at the Farm or on the Land.

7. **Indemnification.** The Parties, jointly and severally, hereby indemnify and hold Windrush Farm harmless for any loss, cost, claim, liability, injury or damage caused by any of them to any person, property of any person or the Farm, which injury or damage is caused by the willful misconduct or negligence of any of the Parties, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property.

8. **Acknowledgment.** The Parties each acknowledge that they have been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Parties have each had the opportunity to ask questions of Windrush Farm and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification, the Parties agree to be bound by and comply with the terms hereof and acknowledge that the Participant wishes to engage in equine activities and the Program despite the risks and potential dangers involved. None of the Parties has relied on any representations, statements or warranties of Windrush Farm other than those specifically set forth herein. This Release and Indemnification

is a Massachusetts contract and shall be governed by, and enforced in accordance with, the laws of the Commonwealth of Massachusetts.

9. **Consent to Emergency Medical Care.** In the case of any injury to any of the Parties while on the Farm, participating in the Program and/or riding or working with the Horses, the Parties hereby authorize Windrush Farm and any agent, employee, officer and/or director thereof, to seek medical care and attention, including but not limited to arranging for an ambulance to take the participant (or other Party) to any medical care facility, transporting the Participant (or other Party) to any medical care facility and consenting to treatment, medication and/or surgery for the Participant (or other Party). The Parties acknowledge that they shall be jointly and severally liable for the payment of any medical costs and expenses incurred on behalf of the Participant (or other Party) and hereby indemnify and agree to hold harmless Windrush Farm for any costs incurred by it on behalf of any of the Parties.

10. **Consent and Indemnification.** If the Participant is a minor, the Parties: (a) each warrant and represent that he, she or it is the parent or lawful Guardian of the Participant; (b) by his, her or its execution hereof, each hereby agree and assent to the terms hereof and execute this contract on behalf of the Participant intending it to be legally binding and fully enforceable against the Participant and his, her or itself; (c) by the execution hereof, further remises, releases and forever discharges for itself and its heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (d) hereby indemnify and hold Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Participant's parent(s) whether for or on behalf of the Participant or on such parent's own behalf. If the Participant is a married person, the undersigned spouse: (x) by the execution hereof, remises, releases and forever discharges for his or her heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (y) hereby indemnifies and holds Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the undersigned spouse whether for or on behalf of the Participant or on such spouse's own behalf

This Release and Indemnification shall be valid each and every time the Parties are at the Farm, on the Land, and/or participating in the Activities without the need for re-execution and shall be valid unless and until revoked in writing, the receipt of which writing is acknowledged in writing by an officer or director of Windrush Farm.

Release and Indemnification (continued)

The Parties hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the date set forth below.

Title _____ First Name _____ Last Name _____ Date of Birth _____

Spouse’s Name (if applicable) _____

Group Name (if applicable; ex: school, group home, or day program bringing client) _____

Date _____ Client Signature* _____

***Everyone 14 years of age and older must sign**

Please review the following, and check and complete all that apply:

Client is a **ADULT** (18 years or older)

Single (you are done with this page)

Married (client must sign above and spouse must sign below)

Date _____ Spouse Signature: _____

Client is under legal guardianship (guardian(s) must sign and include Court and Docket Number below, and complete and sign the Affidavit on the next page)

Date _____ Legal Guardian 1 Signature: _____

Court _____ Docket Number _____

If Applicable

Date _____ Legal Guardian 2 Signature: _____

Court _____ Docket Number _____

Client is a **MINOR** (under 18 years of age)

Both parents have legal guardianship (both parents must sign below)

Date _____ Parent 1 Signature: _____

Date _____ Parent 2 Signature: _____

One parent has sole legal custody (parent must sign below, and complete and sign the Affidavit on the next page)

Date _____ Parent Signature _____

Client has a court appointed guardian(s) (guardian(s) must sign and include Court and Docket Number below, and complete and sign the Affidavit on the next page)

Date _____ Legal Guardian 1 Signature: _____

Court _____ Docket Number _____

If Applicable

Date _____ Legal Guardian 2 Signature: _____

Court _____ Docket Number _____

Affidavit and Indemnification

I hereby swear and depose under the pains and penalties of perjury that:

1. I am the sole legal guardian of _____ (Client Name).
2. The other/both parents of Client is/are unavailable because the other/both parent(s) is/are (check all that apply):
 - a. _____ Of parts unknown.
 - b. _____ Deceased.
 - c. _____ Incarcerated.
 - d. _____ Deprived of all legal rights to the Client by a court of competent jurisdiction.
(Name of Court: _____)
 - e. _____ Other (Please explain) _____.
3. By my execution hereof, I hereby agree and assent to the terms hereof and execute this indemnification on behalf the Client intending it to be legally binding and fully enforceable against the Client and myself.
4. By my execution hereof, I further remise, release and forever discharge for myself and my heirs, executors and administrators, Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Equitation, Inc. of and from all manner of actions, cause or causes of actions, suits, controversies, damages, claims and demands, in law or at equity, that I now have or hereafter can or may have or which my heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of myself, or the Client, including but not limited to actions for loss of consortium.
5. I assume full liability and responsibility hereunder for both of the Client’s parents, hereby indemnifying and holding, Windrush Farm Therapeutic Equitation Inc. harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Client’s parent(s) whether for or on behalf of the Client or on such parent’s own behalf.
6. I hereby warrant and represent that I am duly authorized to execute this Release and Indemnification.
7. I hereby agree and understand that WFTE, Inc. has relied and may rely on all of the representations and agreements set forth herein.

Signed under the pains and penalties of perjury

Date _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (print) _____

Relationship to Client (print) _____

Photo Release

I consent **I do not consent** (please check one) to and authorize the use and reproduction by Windrush Farm Therapeutic Equitation, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Print Client Name _____

Date _____ Client Signature _____
Legal Guardian if client is under 18

Print Legal Guardian Name, if applicable _____

Windrush Farm Can Accept - THIS FORM ONLY
Windrush Farm cannot accept a physician's form or any sports related release

Client's Medical History & Physician's Statement – For Therapeutic Clients

Name _____
 Date of Birth _____ Height _____ Weight _____
 Address _____
 Diagnosis _____ Date of Onset _____
 Past/Prospective Surgeries _____
 Medications _____
 Seizure Type _____ Controlled? Y N Date of Last Seizure _____
 Shunt Present? Y N Date of last revision _____ Tetanus Shot? Y N
 Special Precautions/Needs: _____
 Mobility (check all that apply) Independent Ambulation Assisted Ambulation Wheelchair
 Braces/Assistive Devices _____

For Clients with Down Syndrome

AtlantoDens Interval X-rays: Date _____ Result? Positive Negative
 Neurologic Symptoms of AtlantoAxial Instability _____

Please indicate current and past concerns in the following areas, including surgeries:

Areas	Y	N	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title (Please print) _____ MD DO NP PA Other _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ License/UPIN Number _____
Physician's Signature _____ **Date** _____ ***Valid Only if Dated***

Please see next page for possible precautions and contraindications

Information for Physician

The following conditions, if present, may represent precautions or contradictions to equine assisted activities.

Please note whether any of these conditions are present and to what degree. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact us at 978.662.7855.

Orthopedic

Spinal Joint Fusion/Fixation
 Spinal Joint Instabilities/Abnormalities
 Atlantoaxial Instabilities – including neurologic symptoms
 Scoliosis
 Kyphosis
 Joint Subluxation/Dislocation
 Osteoporosis
 Pathologic Fractures
 Coxas Arthrosis
 Heterotopic Ossification/Myositis Ossificans
 Osteogenesis Imperfecta
 Cranial Deficits
 Spinal Orthoses
 Internal Spinal Stabilization Devices

Medical

Allergies
 Cancer
 Poor Endurance
 Recent Surgery
 Diabetes
 Peripheral Vascular Disease
 Varicose Veins
 Hemophilia
 Cardiac Conditions
 Stroke (Cerebrovascular Accident)
 Exacerbations of medical conditions i.e. RA, MS
 Medical Instability
 Migraines
 Respiratory Compromise
 Substance Abuse

Neurologic

Hydrocephalus/shunt
 Spina Bifida
 Tethered Cord
 Chiari II Malformation
 Hydromyelia
 Seizure Disorders
 Paralysis due to Spinal Cord Injury

Psychological

Animal Abuse
 Physical/Sexual/Emotional Abuse
 Fire Setting
 Danger to Self or Others
 Thought/Weight Control Disorders

Secondary Concerns

Behavior Problems
 Under Four Years of Age
 Poor Endurance
 Acute Exacerbation of Chronic Disorder
 Indwelling Catheters/Medical Equipment
 Skin Breakdown
 Medications – i.e. photosensitivity

Physical or Occupational Therapy Evaluation – For Therapeutic Clients

Please complete all applicable areas

Client Name _____

1. I am currently not under the care of a Physical or Occupational Therapist. I will notify you if that changes.

Date _____ Client Signature _____

Legal Guardian if client is under 18

Or 2. I am currently under the care of a Physical or Occupational Therapist.

Please have the Physical or Occupational Therapist complete the following diagnosis:

Seizures:

Medications:

Reflexes:

Tone:

Range of Motion:

Posture:

Balance:

Mobility:

Gait/Ambulation:

Senses/Sensation:

Circulation:

Development Motor Sequence Activities (where applicable):

ADLs:

Communication:

Equipment/Aids:

Additional Notes:

Precautions:

Date _____ Registered PT/OT Signature _____