



# Healing Horse Therapy Center

1752 C Road, Loxahatchee Groves, FL 33470

561-914-1718 [info@healinghorse.org](mailto:info@healinghorse.org)



## HORSES FOR VETERANS PROGRAM

### Participant's Application & Health History

#### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternative #: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address (if different from participant): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source (if any): \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Which Session Are You Enrolling for?

(check) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_



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## DEMOGRAPHICS

**In each category below circle all options that apply to you:**

**Age:** under 18 19-25 26-35 36-45 46-55 56-65 65 & up

**Race/Ethnicity:** Hispanic Caucasian Asian African American

Hawaiian/Pacific Islander More than one race Other No Answer

**Military Service:** Army Marine Corps Navy Coast Guard Air Force

National Guard Reserves Currently On Active Duty Status

Family member/significant other of service member

**Primary Readjustment/Mental Health Issue:**

Combat Veteran with general readjustment issues Diagnosed with PTSD

Survivor of Military Sexual Trauma with general adjustment issues Diagnosed with Depression

Diagnosed with Substance Abuse Issues N/A

Other diagnosis or presenting issue (please describe)\_\_\_\_\_

**Are you one of the following (check all that apply) :**

Combat Veteran Survivor of Military Sexual Trauma (MST)

Family member of a combat veteran Family member of a survivor of MST

Bereaved Family member of a military service member who died on active duty

Non-Combat or MST Service Member Other\_\_\_\_\_

**If you are a Combat Veteran which conflict did you serve during (check all that apply) :**

WWII Korean War Vietnam War Persian Gulf Somalia Panama Granada

Lebanon Bosnia Kosovo OIF OEF OND

Other (please describe)\_\_\_\_\_

**Disability Status:** Service Connected & Working Service Connected & Not Working

Never Submitted A Claim N/A

**Treatment Status:** In Mental Health Treatment-less than 1 year In Mental Health

Treatment-more than 1 year Not In Mental Health Treatment

**Horse Experience:** Less than one year More than one year No experience