



PARTICIPANT UPDATE FORM

Hope Haven Therapeutic Riding and Wellness Centre

General Contact Information

Please update your information since your last session at Hope Haven.

Participant Name

Date of Birth

First Name

Last Name

Address

Street Address

Street Address Line 2

City

Province

Postal Code

Primary Contact Parent/Guardian

First Name

Last Name

Primary Contact Phone

Primary Contact Email

Area
Code

Phone Number

example@example.com

Secondary Contact Parent/Guardian

First Name

Last Name

Secondary Contact Phone

Secondary Contact Email

Area
Code

Phone Number

example@example.com

Support Worker Contact Name (if applicable)

First Name

Last Name

Support Worker Phone

Support Worker Email

Area
Code

Phone Number

example@example.com

Health Status

Please fill in as much as possible in order to have up to date records.

Height

Weight (180lbs weight restriction for riders)

Please list any medical diagnoses

Please describe any PHYSICAL challenges

Examples: ADHD, Down Syndrome, ASD, Seizure Disorder, MS

Physical challenge = difficulties with mobility, strength, range of motion, endurance, coordination, vision

Please describe any COGNITIVE challenges

Cognitive challenge = difficulties with mental activities such as learning, memory, understanding, attention, appropriate language use

Please describe any EMOTIONAL challenges

Emotional challenge = difficulty managing change, anxiety, depression, self esteem and worth, empathy towards others, daily motivation

Current Medications

Allergies

Seizures: last occurrence, type of seizure, related medications

Signature of Participant or Parent if

Date Signed