



2022-2023 JoyRide Center Registration Form

JoyRide Center

Welcome to our electronic registration Form. Before filling out this form, you should have talked with a staff member at JoyRide Center to insure we are a good fit for you. If you have not, please call the office at 281-356-5900.

Participant Name

First Name Middle Name Last Name

Preferred Name

Participant Email Address

Age

Gender

Height

Weight

Participant Address

Street Address

City

State / Province

Postal / Zip Code

Program(s) of Interest:

Therapeutic Riding

Prep Day Program

Equine Assisted Learning

Heroes and Horses

What are your goals for the program?

Primary Contact

Primary Phone

Primary Contact Email

example@example.com

Relation to Participant

Primary Contact Address (if different than above)

Street Address

City

State / Province

Postal / Zip Code

Emergency Contact

example@example.com

Emergency Contact Phone

example@example.com

Emergency Contact Relationship

Secondary Contact/Guardian

Secondary Contact Phone

Secondary Contact Relationship to Participant

Participant's health history and any ongoing medical issues

Cognitive Age of Participant

Participant Diagnosis

Acquired Brain Injury	ADHD	Angleman Syndrome
Amputee	Anxiety	Asthma
Auditory Processing Disorder	Autism Spectrum Disorder	Bipolar
Cognitive Disability	Deaf or Hard of Hearing	Cardiovascular
Cerebral Palsy	Congenital Anomaly	Developmental Delay
Down Syndrome	Epilepsy	Learning Disability
Mental Health Condition	Seizure Disorder	Spinal Bifida
Spinal Cord Injury	Smith-Lemli-Opitz syndrome	PTSD
Depression		

Additional Diagnosis Information:

Current Medications:

Participants with seizures: Please note the most common type of seizure, any changes in seizure activity in the past year, typical aura (pre-seizure behaviors, motor activity during seizure, post seizure behavior, duration of seizures, and any other information.

Any changes to physical functions in the last year?

Any psychological changes in the last year?

General Considerations:

Physical Concerns

Communication

Behavioral/Social

Check any that apply

ADHD

Substance Abuse

Mental Health Condition

Depression

Risky Behavior

Anxiety

Bipolar

Greif/Loss

Impulsivity

Increased Irritability

Racing Thoughts

Avoidance

PTSD

Suspiciousness

Inability to enjoy activities

Additional Information:

Participant's health history and any ongoing medical issues

Have you received a mental health diagnosis? If so please describe.

Have you received outpatient treatment? Are you engaging in any therapies now? Please describe the nature of the treatment.

Any psychological changes in the last year?

**** Precautions and Contraindications for Equine Assisted Activities**

Please note below if any of the following apply:

Orthopedic

- Atlantoaxial Instabilities – including neuralgic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis
- Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis

Neurological

- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities
- Seizure Disorder
- Neurologic Hydrocephalus/shunt
- Spina Bifida/Chiari II malformation/Tethered
- Cord/Hydromyelia

Other

- Poor Endurance
- Skin Breakdown
- Indwelling Catheters
- Weight over 200 pounds
- Medications – i.e. photosensitivity
- Allergies
- Blood Pressure Control

Medical/Psychological

- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Dangerous to self or others

- Fire Settings
- Exacerbations of medical conditions (e.g. RA, MS)
- Heart/Cardiac Conditions
- Hemophilia
- Medical Instability
- Migraines
- Peripheral Vascular Disease
- Recent Surgeries
- Respiratory Compromise
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Please list any of the above that apply

Shirt size

Please describe the applicant's general health, including special medical problems and/or physical disabilities:

Please describe the applicant's self-help skills (What does someone need to do daily to help the applicant?)

Please describe your goals and expectations for the applicant and what you hope JRC Prep can accomplish:

Please describe activity areas and/or situations that the applicant strongly dislikes:

Please describe activity areas and/or situations that the applicant enjoys

Please select any that apply

Army

Marine Corps

National Guard

Coast Guard

Air Force

First Responder

Navy

Space Force

Medical Field

Billing Type

Self Pay

Service Provider/Medicare Agency

Third Party

Billing Contact

Billing Contact Email Address

Medical Information

Therapeutic Riding and Prep Day Program

Medical Information

Heroes & Horses and Equine Assisted Learning

Precautions and Contraindications for Equine Assisted Activities

Additional Information

Prep Day Program

Additional Information

Heroes & Horses

Race/Ethnicity

Billing and Consents