



DENIM IN DIRT
EQUINE ASSISTED GROWTH AND LEARNING

Client Information

Full Name _____

Date of Birth _____ Age _____

Address _____

Home phone _____ Okay to leave message? _____

Work phone _____ Who referred you? _____

Mobile phone _____ Okay to thank referral source? _____

Occupation _____ Employer _____

Education _____ Marital status _____

Do you have children? _____ How many children? _____

Names of children living at home _____

Emergency Contact _____

Relationship _____ Telephone Number _____

Primary Care Physician _____

Telephone Number _____

Current Medications _____

Chronic or serious illnesses _____

Allergies _____

Current Psychiatrist _____

Telephone Number _____

Do I have permission to call your Psychiatrist or Primary Care Physician? _____

Person Financially Responsible for Account _____

Relationship _____ Home phone _____

Work phone _____ Mobile phone _____

Address _____

For Children and Families

If the patient(s) is a **minor** or **dependent adult**, who is the conservator or legally responsible party? _____

Relationship _____ Home phone _____

Work phone _____ Mobile phone _____

Address _____

Please describe your current concerns and how long you have been having these:

Signature _____ Date _____