



Jake E's Riding Round Up

Rider's Name _____

Please print clearly when completing this form. Thank you.

MEDICATIONS (please include prescriptions and over-the counter drugs)

Name of Drug	Dosage	Frequency	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe abilities/difficulties in the following areas, including assistance required or equipment needed:

PHYSICAL FUNCTION (i.e., mobility skills such as transfers, walking, wheelchair use, driving, etc.)

PSYCHO/SOCIAL FUNCTION (i.e., work/school including relationships - family structure, support systems, companion animals, fears/concerns, etc.)

Grade completed: _____ Leisure interests: _____

Relationships: _____

PAST AND PROSPECTIVE SURGERIES (please include date of surgery)

GOALS (i.e., why are you seeking participation and what would you like to accomplish?)

Rider's signature or if under 18 years of age, parent/guardian signature	Date
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