

Equine Assisted/Animal Assisted Therapy Referral Form



Country Heart Farm
CONNECT. TOUCH. HEAL.

Referral Information

Referral Source: FSA C&Y CAC JPO HASD Other: _____

Referring Source Address: _____

Contact Person: _____

Contact Person Phone: _____ Email: _____

Information:

Today's Date: _____

Name: _____

Age: _____ DOB: _____ Sex: _____

Parent/ Legal Guardian: _____ Relationship _____

Current Address: _____

Contact number: _____ Email: _____

List Siblings below if relevant to referral

Names	Ages	Biological/Other	In same household
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Current Diagnosis

(attach additional pages if needed)

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Referring Clinician _____

Referring Agency _____

Telephone _____ email _____

Please tell us a little about your work with the above client. What has been the focus of your treatment? What modalities have you used and what changes have you see?

How do you see equine assisted/animal assisted therapy being useful to this client?

What clinical metaphors, if any, have arisen in your treatment with this client?

Is there any history of client violence directed to people or animals? If yes please explain.

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Any medications, medical or physical limitations that impede physical activity or being outside in the sun?

Other comments. Use additional sheets if needed.