



Therapeutic Riding Association of Ottawa-Carleton, 6362-1 Bank Street, Greely, ON K4P 1J4
Phone: 613-821-1844 Fax: 613-821-1466
ridercoordinator@rogers.com

TROtt ENQUIRY INFORMATION

Contact Details:

NAME OF APPLICANT: _____

NAME OF PARENT/GUARDIAN (if applicable): _____

APPLICANT'S DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (H) _____ (W) _____ (Cell) _____

E-MAIL: _____

Medical Information:

APPLICANT'S HEIGHT: _____

WEIGHT: _____

DIAGNOSIS (primary): _____

DIAGNOSIS (secondary - if applicable): _____

SURGERIES: _____

MEDICATIONS: _____

ALLERGIES: _____

DOCTORS FOLLOWING APPLICANT: _____

Continued over the page.

THERAPY RECEIVED AND GOALS:

PT _____

OT _____

ST _____

Other: _____

MOBILITY AND FUNCTION

Sitting/standing balance: _____

Walking: _____

Braces/Splints: _____

Mobility Aids used: _____

Wheelchair use: _____

Upper Extremities: _____

VISION: _____

HEARING: _____

=====

SCHOOL ATTENDED (if applicable): _____

REASON FOR APPLICATION TO TROtt: _____

OTHER RELEVANT INFORMATION/COMMENTS: _____

AVAILABILITY FOR CLASSES:

WEEKDAY _____ WEEK NIGHTS _____ WEEKENDS _____

Form Completed by: _____ Date: _____

HOW DID YOU HEAR ABOUT TROtt? _____