






Special Methods In Learning Equine Skills



## ENROLLMENT INFORMATION

SMILES maintains a waitlist of prospective clients wanting to join our programs. To be added to our waitlist, please take the following steps:

- U Carefully read all of the information found in this packet.
- U Complete the attached New Client Information Sheet. SMILES will contact you to confirm receipt of this information sheet. Please submit this form in one of the following ways:

-  Email to [classes@visitsmiles.org](mailto:classes@visitsmiles.org)
-  Fax to (262) 882-5661
-  Drop off at the SMILES Facility during normal business hours, Monday-Friday, 8am-4pm.  
N2666 County Road K, Darien, WI 53114

- U As program openings occur, SMILES will contact you to schedule an in-person evaluation. During the evaluation, we will give you a tour of the facility, discuss client goals, discuss programming and curriculum, and observe basic interactions around a horse. Please note that an evaluation does not guarantee placement in one of our programs. A spot can only be confirmed after a thorough assessment of the individual's needs and availability within our programs. If there is not an opening that fits the prospective client's needs, they will be placed back on the waiting list. The Program Coordinator will make contact as soon as an appropriate spot becomes available.
- U Following the evaluation, if the prospective client is approved for programming, you will be placed on the schedule.

Thank you for your interest in becoming a client at SMILES!

## NEW CLIENT INFORMATION SHEET

If you are interested in joining the programs at SMILES, please fill out the information below. Once we receive this information, we will contact you, and will either:

1. Confirm placement on the waiting list.
2. Request more information about any precautions or contraindications.

<b>PROGRAM INTEREST:</b>	<b>Therapeutic/Adaptive Riding</b>	<b>HEARTS (unmounted)</b>	<b>Both</b>
CLIENT NAME	<input style="width: 90%;" type="text"/>	DOB	<input style="width: 20%;" type="text"/>
ADDRESS	<input style="width: 95%;" type="text"/>		
PARENT/ CAREGIVER	<input style="width: 95%;" type="text"/>		
EMAIL	<input style="width: 40%;" type="text"/>	PHONE	<input style="width: 20%;" type="text"/>
FUNDER SOURCE (if applicable)	CLTS	IRIS/I-LIFE	OTHER <input style="width: 20%;" type="text"/>
CASE MANAGER NAME	<input style="width: 30%;" type="text"/>	EMAIL	<input style="width: 40%;" type="text"/>
HEIGHT	<input style="width: 20%; background-color: yellow;" type="text"/>	WEIGHT	<input style="width: 20%; background-color: yellow;" type="text"/>
		GENDER	<input style="width: 10%;" type="text"/>
DIAGNOSIS	<input style="width: 95%;" type="text"/>		

BRIEFLY DESCRIBE THE CLIENT- LIKES/DISLIKES, FUNCTIONAL STATUS, PHYSICAL ABILITIES, ETC.

LIST ANY GOALS YOU HAVE FOR THE CLIENT PARTICIPATING IN THERAPEUTIC HORSEMANSHIP.

WHAT IS THE CLIENT'S PREFERRED AVAILABILITY FOR PROGRAMMING? SMILES has weekday morning, evening, and Saturday programming available.

PLEASE COMPLETE THE MEDICAL HISTORY ON THE BACK SIDE OF THIS FORM



**CLIENT MOBILITY:**                      **Independent Ambulation**                      **Crutches/Braces**                      **Wheelchair**

**IF THE CLIENT HAS A SEIZURE DISORDER, PLEASE SHARE THE TYPE OF SEIZURE, FREQUENCY, IF THEY ARE CONTROLLED, TYPICAL MOTOR ACTIVITY, AND POSSIBLE TRIGGERS.**

**Precautions and Contraindications to Consider Prior to Therapeutic Horsemanship**

**ORTHOPEDIC**

- Atlantoaxial Instability
- Coxarthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**MEDICAL**

<ul style="list-style-type: none"> <li>Allergies</li> <li>Cardiac Condition</li> <li>Blood Pressure Control</li> <li>Instability</li> <li>Migraines</li> <li>Respiratory Compromise</li> <li>Recent Surgeries</li> <li>Exacerbations of medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>PVD</li> <li>Hemophilia</li> <li>Medical</li> </ul>
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**NEUROLOGIC/OTHER**

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation
- Tethered Cord/Hydromyelia
- Age- Under four years old
- Indwelling Catheters/Medical Equipment
- Medications i.e. photosensitivity
- Poor Endurance
- Skin Breakdown

**PSYCHOLOGICAL**

- Animal Abuse
- Dangerous to self or others
- Physical/Sexual/Emotional Abuse
- Fire Setting
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

**IF ANY OF THE ABOVE CONDITIONS APPLY, PLEASE CIRCLE AND EXPOUND AS TO WHAT DEGREE:**

**DATE:**

**CLIENT/PARENT/GUARDIAN SIGNATURE:**

PLEASE RETURN THIS COMPLETED FORM TO SMILES:

classes@visitsmiles.org  
 (262) 882-5661 (fax)  
 N2666 County Road K, Darien, WI 53114