



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:

Spring session March -June:      weekday                      Weeknight                      Weekends \_\_\_\_\_

Summer session July-August:      weekday                      Weeknight                      Weekends \_\_\_\_\_

Fall session Sept-December:      weekday                      Weeknight                      Weekends \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

HOW DID YOU HEAR ABOUT TROtt? \_\_\_\_\_