



HORSE POWER

Reclaiming Your Life after Trauma, Illness, or Loss

Name _____ Date _____

Address _____

City / State / Zip _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Emergency Contact _____ Emergency Contact Phone _____

Please check one and give the date of the incidence:

Recent Trauma _____ Illness _____ Loss _____ Date of Incident _____

Physical Condition / Disability / Health Concerns _____

Emotional Concerns _____

Mental Concerns _____

Medications _____

In Therapy? Y or N Dates of Therapy _____

Therapist Name _____ Phone _____

Horse Experience (*no experience is necessary*):

Do you have any concerns being around horses? If so, please list:

What would you like to feel or learn from being around horses?

Any other information you would like to share that would be supportive for you during the workshop?

Any support that you need during the day?

What is your biggest challenge at this time? (*may include, physical, emotional, mental, life skills, relational etc.*)

What are your goals for the next few months?