



Synergy

Equine Assisted Wellness Center

Pre Visit Questionnaire

In order for us to better serve your child or dependant; please answer the following to the best of your ability. Note: This form is confidential but may be shared with volunteers etc... who may be facilitating with your child/dependant.

Individual's name: _____

Individual's date of birth: _____

Approx. developmental age of your child/dependant: _____

Diagnosed condition: _____

Challenges related to aforementioned condition:

What kind of activities do you think would benefit your child/dependant? Example; my child needs to work on balance, is there an activity to help that? _____

Abilities and likes of your child/dependant:

Anything else we should know? Example; concerns you may have, my child pulls hair or grabs.
