Sandy Hills Stables A Partnership of Hillcrest Comprehensive Psychological Services



CONFIDENTIAL STUDENT INFORMATION

Welcome to Sandy Hills Stables. In preparation for our appointment, please take time to answer the following questions to the best of your ability. The information is confidential and intended to help me understand your goals. Thank you,

Date:	E-mail Address:		
Name:(First)	(Middle)	(Last	t)
	(0:1)		(7: (2.1)
(Street) Home Phone:	(City)Work Phone:	` ,	
Age: Date of Bir	rth: Place of	`Birth:	
Gender: High	est Education Level Comp	leted:	
Are you currently a stude	ent? Y/N If yes, where?		
Occupation:	Emp	loyer:	
Emergency Contact Pers	on:	Phone:	

Who referred you or	now did you hear about Equir	ne-facilitated (EFL) learning?
Please share any issu	es or goals that you are hopin	g EFL sessions will help you with
Please list any ethnic,	cultural or spiritual backgrou	and that you would like me to be aware of:
Do you have any phy	sical impairments or allergies	that require caution around horses?
Medication	ing any medications? Y/N Dose	Prescribing Physician/Phone
		, , , , , , , , , , , , , , , , , , ,
What is your present	living situation? (Check all that	at apply)
		Children Other
Briefly describe your	previous experience with hors	ses. (If any)

Thanks for your time! I look forward to meeting you,