



# Veteran Therapy Registration

TODAY'S DATE: \_\_\_\_\_

## CLIENT INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

*Trinity Equestrian Center is a faith-based organization and with your permission, will pray with you and for you. We have found that injuries to all three; spirit, body and mind are very common in combat veteran. Our therapy model addresses each of these areas while working closely with our horses.*

## FAMILY INFORMATION

PARENT/SPOUSE/GUARDIAN (circle which one) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

MILITARY BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

SERVICE DATES: \_\_\_\_\_ # OF YEARS: \_\_\_\_\_

DEPLOYMENTS: \_\_\_\_\_

TELL US YOUR STORY:

**ISSUES YOU'RE STRUGGLING WITH:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Drug & Alcohol           | <input type="checkbox"/> Verbally Aggressive     | <input type="checkbox"/> Depression          | <input type="checkbox"/> Physically Abused  |
| <input type="checkbox"/> Anxiety                  | <input type="checkbox"/> Physically Aggressive   | <input type="checkbox"/> Suicidal Tendencies | <input type="checkbox"/> Emotionally Abused |
| <input type="checkbox"/> History of Incarceration | <input type="checkbox"/> Destructive to Property | <input type="checkbox"/> Eating Disorders    | <input type="checkbox"/> Sexually Abused    |
| <input type="checkbox"/> PTSD                     | <input type="checkbox"/> ADHD                    | <input type="checkbox"/> Medical Concerns    | <input type="checkbox"/> Other              |

EXPANDED:

MENTAL AND PHYSICAL HEALTH DIAGNOSIS:

MEDICATIONS & REASON PRESCRIBED:

NOTABLE TRAUMAS OR EVENTS:

UNDESIRED BEHAVIORS:

TRIGGERS:

WHAT ARE YOUR MOST PRESSING ISSUES YOU WANT US TO ADDRESS:

# Trinity Equestrian Center - Program Goals

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## PROGRAM GOALS

1.

2.

3.

CLIENT SIGNATURE (if over 14 years old): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TRINITY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_