



HORSES  
HELPING  
HUMANS

**Referral & Medical Information Form  
(Strictly Confidential)**

**SUE SPENCE COMMUNICATIONS**

Referred by: \_\_\_\_\_ Youth/Case Worker: \_\_\_\_\_

Student's family name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female (please circle)

Name of School/Youth Organisation: \_\_\_\_\_

Does the attending student suffer from any of the following conditions? Please circle

|                                  |     |    |
|----------------------------------|-----|----|
| Asthma                           | Yes | No |
| Allergies                        | Yes | No |
| Heart Condition                  | Yes | No |
| Sight or Hearing Disorder        | Yes | No |
| Diabetes                         | Yes | No |
| Epilepsy                         | Yes | No |
| Bleeding Disorder                | Yes | No |
| Fears/Phobias (including social) | Yes | No |
| ADHD                             | Yes | No |
| Anxiety                          | Yes | No |
| Depression                       | Yes | No |

Other: \_\_\_\_\_

If you answered 'Yes' to any of the above conditions, please provide details.

Eg: level of depression and/or anxiety. Type of anxiety (eg: social). If anger issues, please provide level and type of anger (eg: verbal, physical, has the student assaulted anyone? Has the student threatened anyone with weapons?)

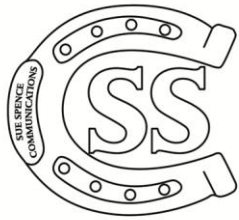
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\_\_\_\_\_  
\_\_\_\_\_

Does the student have any special needs or behavioural problems? Yes  No  If you answered 'Yes' please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have problems with focus and concentration? E.g.: does the student struggle with focussing for more than 20 minutes on any given task?

\_\_\_\_\_  
\_\_\_\_\_



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**In Case of Illness or Accident**

If a situation arises which requires emergency action, an ambulance will be called and the student will be taken to an accident or emergency department, the cost of which will be met by the parent.

**Signature**

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_