

Arabian Rescue Therapy Intake Form

Please provide the following information by answering the questions below. Please note all information you provide here is protected as confidential information.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under the age of 18): _____

(Last) (First) (Middle Initial)

Date of Birth: ____ / ____ / ____ Age: ____ Gender Identity: _____

Marital Status: _____

Home Phone: () - *May we leave a message: _____

Cell Phone: () - *May we leave a message: _____

Email address: _____

*Please note: Email is not considered a confidential means of communication.

Address: _____

(Street and Number)

(City) (State) (Zip)

Referred by (If Any): _____

How did you hear about ART(Arabian Rescue Therapy)?

Presenting Problem:

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Symptoms you experience related to your presenting problem?

What kind of goals do you have for Equine-Assisted Counseling?

Are you currently seeking counseling services somewhere else? If so, where?

Have you ever been in counseling before? (Individual Counseling, Group Counseling, Marital Counseling, Couples Counseling, Treatment Centers, Psychiatric Hospitalizations, Intensive Inpatient, and/or Outpatient). If so, what kinds of issues were addressed?

Have you ever been diagnosed with a mental health disorder? If so, what?

Have you experienced suicidal thoughts, or made any attempts at suicide? If so, explain.

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Do you have a substance abuse or addiction history? If so, what was your substance(s) you have used?

Are you currently using any substances (alcohol included) and if so, how much and how often do you use these substances?

Do you have a family history of mental illness and/or addiction? If so, please explain the relationship and the mental illness and/or addiction related to that family member.

Are you currently on any medications? If so, what medications are you taking?

Do you currently have any medical conditions? If so, what?

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Are you currently employed? If so, where?

How would you describe your financial situation?

What would you consider are some of your strengths?

What would you consider some of your weaknesses?

Do you have any experiences with horses? If so, please explain.

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Signature of Client _____ Date: ____ / ____ / ____

Signature of Parent / Guardian _____ Date: ____ / ____ / ____

Signature of Counselor _____ Date: ____ / ____ / ____

ARABIAN RESCUE
THERAPY