



**WARHORSE
RANCH**

DATE: _____

RETREAT INTAKE FORM

Please have the individual receiving services complete the form.

Name: _____

Date of Birth: _____ Age: _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____

Email Address: _____

What is the best way to contact you? _____

Can we leave a message? _____

Are you currently working with a counselor or therapist? If yes, please provide the following:

Provider's

Name: _____

Provider's Phone Number:

How long have you been working with this provider?

May we share information with this provider if requested?

Reason that you are seeking EAS: Briefly describe the challenges(s) for which you are seeking help through Equine Assisted Services:

When did the problem start? _____

Has something happened or changed recently that led you to seek professional assistance at this time? _____

Current Symptoms Checklist: (check once for any symptoms present within the last month, leave empty if not relevant)

- | | | |
|---|---|---|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Grieving/Loss | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Concentration/ | <input type="checkbox"/> Crying spells |
| <input type="checkbox"/> Excessive worry | Forgetfulness | <input type="checkbox"/> Compulsive |
| <input type="checkbox"/> Unable to enjoy activities | <input type="checkbox"/> Difficulty with | behavior |
| <input type="checkbox"/> Impulsivity | relationships/friendships (| <input type="checkbox"/> Substance use/ |
| <input type="checkbox"/> Anxiety attacks |) Suspiciousness | abuse |
| <input type="checkbox"/> Sleep pattern disturbance | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Risky behavior | <input type="checkbox"/> Excessive energy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Avoidance | <input type="checkbox"/> Excessive guilt | _____ |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Increased irritability | <input type="checkbox"/> Other |
| | | _____ |

Please list any medications you are currently taking.

Do you have any current medical/physical concerns with participating in the retreat?

Do you have any allergies? Please list. _____

Past Psychiatric History:

Have you ever received a mental health related diagnosis? () Yes () No , Please describe:

Your Exercise Level: Are you happy with the amount of exercise you get? () Yes () No

Please describe your typical method and frequency of exercising:

Substance Use:

How often do you consume alcohol? _____

How much do you consume when you drink alcohol?

How often do you use other substances (marijuana or cocaine for example)? _____

Do you have concerns with your current alcohol or drug use? () Yes () No

Have you ever been treated for alcohol or drug use? () Yes () No

If yes, for which substances?

Did your parents divorce? () Yes () No If so, how old were you when they divorced? _____

Has anyone important to you recently died?

How does your family manage conflict? Please describe:

How would you describe your family?

Have you ever been directly exposed to a traumatic event that involved actual or threatened death, serious injury or violence? () Yes () No.

Do you feel that this experience still impacts your day to day living? () Yes () No If yes, please describe:

Are you currently working: () Full Time () Part Time () Unemployed () Disabled () Retired

Where do you work? _____

Do you enjoy your work? _____

Please notate any/all that apply. (Past or Present history)

Military? _____ Branch _____

Years of Service _____

Law Enforcement? _____

Years of Service _____

First Responder? _____

Years of Service? _____

Relationship History and Current Family:

Are you currently: () Married () Partnered () Separated () Divorced () Single () Widowed

Do you feel that your relationship status is impacting your current functioning? () Yes () No.

Please describe:

Do you have any children? _____

Spiritual Life:

Do consider yourself to be religious or spiritual? () Yes () No

Do you feel that your spiritual views have a significant impact on your daily life? () Yes () No

Please describe:

Experience with horses: Have you had any prior experience with horses?

() No () Yes

If yes, please describe:

() occasional pony rides () grew up around horses () took riding lessons

() experienced rider

Are you comfortable being around horses? Yes () No ()

Have you ever participated in an equine assisted psychotherapy (EAP)?

() Yes () No If yes, when, how long, and did you find it helpful?

Retreat Information:

During our retreats, we may offer mindful experiences such as horseback riding, fishing, hiking, skiing, etc. Do you have any limitations or concerns with activities like these?

During the retreat we will provide lodging as we feel this is an important element in your healing process. Please state if you are interested in staying in the provided lodging. Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

Is there anything else that you would like us to know?

Client Signature: _____ Date: _____

Thank you for filling out the Freedom Retreat intake form. We will get back to you with further questions as well as a final determination on availability for this retreat. We look forward to working with you!