



**WARHORSE  
RANCH**

D A T E :

\_\_\_\_\_

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

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.

\_\_\_\_\_

Do you have any food restrictions? \_\_\_\_\_

**Past Psychiatric History:**

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

\_\_\_\_\_

**Have you experienced suicidal or homicidal thoughts?** \_\_\_\_\_

**If yes, how frequently, and are you currently having these thoughts?**

\_\_\_\_\_

**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 you 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:

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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:

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**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?

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**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?

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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 \_\_\_\_\_

Retreat Date you are applying for. \_\_\_\_\_

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

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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!