Aeroflex Equine Therapy

DEMOGRAPHIC & INSURANCE INFORMATION

CLIENT'S NAME:		
TODAY'S DATE:		
ADDRESS:		
DOB:	AGE:	☐ Minor Adult w/ guardian or ☐ Independent Adult

PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
SECONDARY PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
EMAIL ADDRESS:		

FOR MINORS OR ADULTS WITH LEGAL GUARDIANS

PARENT/GUARDIAN'S NAME:		

PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
SECONDARY PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
EMAIL ADDRESS:		
PARENT/GUARDIAN'S NAME:		

PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
SECONDARY PHONE NUMBER:		☐ Home ☐ Work ☐ Cell
EMAIL ADDRESS:		
ADDITIONAL PHONE NUMBERS WHO MAY TRANSPORT OR BE RESPONSIBLE FOR PARTICIPANT:		

EMERGENCY CONTACTS

In the event of a *medical emergency*, Tri- County Behavioral Care will provide basic first aid and/or call 911 and will disclose all available health care information to emergency medical personnel.

EMERGENCY CONTACT NAME:	
PHONE NUMBER:	
EMERGENCY CONTACT NAME:	
PHONE NUMBER:	

PLEASE NOTE ANY **LIFE-THREATENING** ALLERGIES, BEES, ASTHMA, MEDICATIONS, ETC.

HEALTH INSURANCE

COMPANY NAME:	
POLICY NUMBER:	
GROUP NUMBER:	
POLICY NUMBER:	
ALLERGIES:	
LAST TETANUS SHOT DATE:	
CURRENT MEDICATIONS & DOSAGES:	

CONSENT/NON-CONSENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property, I authorize Tri- County Behavioral Care to: 1. Secure and retain medical treatment and transportation if needed. 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. The provision will only be invoked if the person(s) above is unable to be reached.

☐ **I AGREE and Consent to Plan**

☐ **I DO NOT AGREE;** Please Follow my **NON-CONSENT** Plan: I do not give my consent for emergency medical treatment/ aid in the case of illness or injury during the process of receiving services or while being on the property. Parent or legal guardian will remain on site at all times during equine assisted activities.

NON-CONSENT PLAN:

SIGNATURE:	
DATE:	