



Handi-Riders, Inc.
Therapeutic Horseback Riding

PO Box 1604
Sioux Falls, SD 57101
(605) 270-9449
HandiRiders@yahoo.com

REFERRAL FORM

Hippotherapy, Therapeutic Riding, and Ground Work Only

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to reach you: _____

Referred by: _____ Phone: _____

Disability: _____

Mobility (ie wheelchair, walks, amount of assistance needed, use of equipment to ambulate, can s/he stand independently? **Be specific.**)

Height: _____ Weight: _____ Age: _____

Mode of communication: _____

Cognitive abilities: _____

Social Level: _____

Other:

I am interested in (Check all that apply)

_____ Hippotherapy _____ Recreational Riding _____ Ground Work Only

For office use only.

Date received: _____

Received by: _____

Other: