



6920 Concession 1, Puslinch, ON N0B 2J0 • 519-837-0558 • Fax 519-837-1233
www.sunrise-therapeutic.ca • office@sunrise-therapeutic.ca

Dear Parents/Potential Rider,

Thank you for your interest in Sunrise Therapeutic Riding & Learning Centre! Enclosed are a program brochure and the following forms to be completed:

- **Physician Referral Form**
- **Individual Profile Form and Mental Health Addendum**
- **Waiver, Photo Release, R-10 Bodily Contact Forms**

The following process is designed to determine the suitability of the program for yourself or your child as a Rider. Once the forms are fully completed and returned to Sunrise, **we will contact you to set up an assessment with our Physiotherapist or Occupational Therapist**, depending on the needs of the Rider. The assessment takes approximately 1 hour and involves a discussion of the Rider's goals, history, abilities and needs, followed by a 20-minute assessment on horseback. The cost is \$70, payable at the time of the appointment.

Please note: Dress appropriately for the outside temperature as a portion of the assessment will take place in the unheated riding arena. Riders must wear long pants and boots or shoes that protect the foot. Helmets are provided.

Using the information from the assessment, and the Rider's availability, we will do our best to place the Rider into an appropriate weekly lesson, considering the Rider's abilities, size and age. Please note that Sunrise has an ongoing wait list so the assessment appointment could take a few months to arrange.

There is a Rider weight limit of 170 lbs. This limit is in effect for the care of the horse's back and the safety of our instructors and volunteers.

Sunrise offers three sessions per year, Fall/Winter/Spring, with Camp Sunrise in July and August. Lessons run weekly for 30-60 minutes depending on the number of Riders in the lesson. The cost is \$70 per weekly lesson payable in advance of the term. Terms typically run 10-12 weeks at a time.

We look forward to seeing you at Sunrise. If you have any further questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Camilla Giffen".

Camilla Giffen, CTRII/E.C. Coach 2
Head Instructor
519-837-0558 x 29
camilla@sunrise-therapeutic.ca



INDIVIDUAL PROFILE

To be completed by parent, physician or mental health professional as appropriate

NAME OF INDIVIDUAL		PHONE (CELL)	
ADDRESS		CITY/POSTAL CODE	
AGE	DATE OF BIRTH	HEIGHT	WEIGHT (170 lbs. maximum)
EMAIL		Alternate PHONE	

Social Skills:

Enjoys playing with children of _____ same age _____ younger _____ older

Fears / Dislikes	
Likes / Enjoys	
Motivated by	

If the individual finds any of the following situations to be challenging, please provide details on how we can assist them to succeed in these areas at Sunrise.

Changing activities and/or locations	
Staying with a group during activities	
Respecting personal space and / or property of others	
Following instructions (includes respecting safety rules)	
Focusing on task / activity at hand	
Interacting socially with peers	
Comments:	

If the individual demonstrates any of the following behaviours, please explain contributing causes and prevention / intervention strategies that you successfully employ.

Fearfulness	
Shyness	
Easily frustrated	
Difficulty in controlling anger	
Overly assertive / aggressive behaviour	
Use of inappropriate language	
Other Comments / Details	

Reading Level /Skill: _____

Please describe supportive strategies which are effective in addressing the individual's mental health, behavioural or social-emotional needs.

Please describe how the individual's mental health, behavioural or social-emotional challenges impact him or her (ie. At home, at school, in the community).

Please indicate if the individual has experienced one (or more) of the following mental health challenges:

- Alcohol/Substance Dependence
- Anxiety Disorder (*Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Specific Phobia*)
- Autism Spectrum Disorder (ASD)
- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Bi-Polar Disorder
- Borderline Personality Disorder
- Conduct Disorder
- Depression
- Dissociative Disorder (*Depersonalization Disorder, Dissociative Identity Disorder*)
- Eating Disorder (*anorexia, bulimia*)
- Fetal Alcohol Syndrome
- Obsessive Compulsive Disorder (OCD)
- Oppositional Defiant Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Psychotic Disorder
- Schizophrenia
- Seasonal Affective Disorder (SAD)
- Separation Anxiety Disorder
- Sensory Processing Disorder
- Sleep Disorder (*Insomnia, Narcolepsy*)
- Tourette's Disorder
- Other (please specify) _____

When was the individual diagnosed? _____ Who diagnosed the individual? _____

Form Completed by: _____ Relationship to Client: _____

Signature: _____ Date: _____

Sunrise Therapeutic Riding and Learning Centre treats all personal information as confidential and does not release it to any other organization. Any information provided may be used to decide on this patient's suitability for riding and help provide a better quality individualized program for the patient.

*Return form to Sunrise Therapeutic Riding and Learning Centre: 6920 Conc. 1, R. R. #2, Puslinch ON N1H 6J6
Ph. 519-837-0558 • Fax 519-837-1233 camilla@sunrise-therapeutic.ca*