

DREAM CATCHER OF LOS ANGELES



Equine Facilitated Psychotherapy
Consent for Release of Confidential Information

I, _____ hereby authorize and request
(Client)

that _____ may release to
(Mental health professional)

(center name)

the following information (please check the allowable information):

- Admission for Treatment, Diagnosis, Psychiatric Evaluation, Psychological Testing Results, Treatment Progress Notes, Discharge Summary, Physician Orders, Other

The purpose of this disclosure is for the development of an equine facilitated psychotherapeutic plan and program. I understand that this authorization will remain in effect until _____ (specify date which is not to exceed 12 months).

This information will be released in the following format (verbal per telephone, electronic, via mail, hand-carried): _____

Pursuant to Federal Regulations, this information will not be forwarded to any other provider or agent.

Client Date

Parent or Legal Guardian Date

Witness Date

Referring Mental Health Professional Date

Address of Mental Health Professional

DREAM CATCHER OF LOS ANGELES



Equine Facilitated Psychotherapy Referral Form

Client Name: _____ DOB: _____ Age: _____

Address: _____ Phone _____

Diagnosis: _____

Recommended Frequency and Duration of Sessions: _____

Type of Format: ___ Group Work ___ Individual Work ___ Family Work

Specific issues to address:

Current treatment goals:

Additional information:

Mental Health Professional

Date

State Credentials/License #

Phone & Fax Numbers

Address

Return to: Dream Catcher of L.A. Therapeutic Riding Centers

Thank You for Your Participation and Referral

DREAM CATCHER OF LOS ANGELES



Mental Health Data form

Client's Name: _____

Age: _____ DOB: _____ Sex: _____ Height: _____ Weight: _____

Parent/Legal Guardian: _____ Phone: H _____ W _____

Address: _____

Physician: _____ Phone: _____

Mental Health Professional: _____ Phone: _____

Diagnosis (DSM - IV)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Presenting Problems

Current Medications

Drug	Dose	Route	Time	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Psychiatric Treatment History

Current Therapy _____ Where _____ When _____ Diagnosis _____

Outpatient Therapy _____

Inpatient Therapy _____

DREAM CATCHER OF LOS ANGELES



Therapeutic and Safety Issues

Check and describe applicable issues (indicate current history of):

- inattention
- hyperactivity
- lack of concentration
- learning disabilities
- developmentally delayed
- cognitively challenged
- boundary issues
- social skills problems
- problem with peers
- separation anxiety
- anxiety
- phobias
- aggressive
- assaultive
- manipulative
- unpredictable or dangerous behavior
- sensory impairment
- tics or stereotypic behavior
- psychosomatic symptoms
- medical issues
- self-injurious behavior
- suicidal ideations
- history of runaway
- issues of parental support
- issues of family support
- sexual abuse/acting out
- history of physical abuse
- emotional abuse
- hallucinations
- delusions
- illusions
- dissociations
- substance abuse problems
- legal problems
- school problems
- history of animal abuse and/or fire setting
- seizure disorder
- possible medication side effects

Information Source

Date Form Completed

DREAM CATCHER OF LOS ANGELES



Registration and Release Form Equine-Assisted Mental Health/Learning Activity

REGISTRATION:

Client/Participant :

SS# : _____ DOB: _____ Age: _____

Address _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Emergency: _____

CONSENT AND WAIVER OF LIABILITY:

I hereby request that the client/participant named above be accepted into the equine-assisted mental health/learning program operated by Dream Catcher of L.A. Therapeutic Riding Centers, _____ Mental Health Specialist, and Joan Blank, Equine Specialist and/ or other volunteers, staff or contract personnel. I acknowledge that _____ and Joan Blank has fully explained to me the scope of the equine-assisted mental health/learning program, including the potential for injury, which can occur from riding horses, caring for horses or being involve in therapeutic/learning activities that include horses. Because of the potential benefits of the EAP program, I hereby waive any claim, which I or the client may have against _____, Joan Blank other Dream Catcher of L.A. Therapeutic Riding Centers volunteers, employees, or contract personnel arising out of any injury, including for negligence, which the client may sustain while involved in the equine program.

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, handler, rider and spectator. In consideration, therefore, for the privilege of riding and/or working and/or participating in activities around horses at and/or with Dream Catcher of L.A. Therapeutic Riding Centers located 1003 West Carson St. Long Beach, CA 90810, (This also includes, any property deemed appropriate by _____ and Joan Blank for EAP session) the undersigned does hereby agree to hold harmless and indemnify Dream Catcher of L.A. Therapeutic Riding Centers, _____, Joan Blank, other Dream Catcher of L.A. Therapeutic Riding Centers volunteers, employees or contract personnel and further release them from any liability or responsibility , including negligence for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I have read this release and received a copy.

Signature of Client/Participant/ _____ Print Name _____ Date _____

Signature of Parent/Legal Guardian/ Caretaker _____ Print Name _____ Date _____

Staff Witness _____ Print Name _____ Date _____