



Client Information	
Client name:	Date of birth:
Parent / guardian name:	
Phone number:	
Email address:	

Equine Assisted Occupational Therapy (EAOT) Hippotherapy Approach	
Do you have a recent report in occupational therapy? <input type="radio"/> Yes / <input type="radio"/> No	
If yes, please indicate the date of the report: _____	
If no, please visit the website below to find an occupational therapist in your area who can evaluate your child: https://www.oeg.org/m-informer/trouver-un-ergotherapeute.html	
Schedule preference	Frequency of appointments
<input type="radio"/> Wednesday at 10am	<input type="radio"/> Weekly
<input type="radio"/> Wednesday at 11am	<input type="radio"/> Bi-weekly (every two weeks)
<input type="radio"/> Wednesday at 1pm	<input type="radio"/> Would prefer to wait until after assessment with the
<input type="radio"/> Wednesday at 2pm	Occupational Therapist
<input type="radio"/> Wednesday at 3pm	
<input type="radio"/> Wednesday at 4pm	