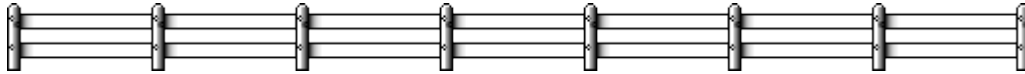


Gaitway Therapy
7403 CR 101, Belle Center, Ohio 43310
937-464-2017 phone; 937-464-2074 fax; 937-935-2594 cell



Patient Registration Information

Patient Name: _____ Birth date: _____

Parents/Guardian: _____ Home phone: _____

Address: _____

Problem/Diagnosis: _____

Has head control YES NO Can crawl YES NO Is rolling YES NO

Can sit with support YES NO Can sit without support YES NO

Can pull to stand YES NO Can cruise along furniture YES NO Walking YES NO

Types of assistive devices used for mobility or support:

Summarize abilities: _____

How did you hear about Gaitway: Dr _____ Therapist _____ School _____ Other _____

School attending: _____

Current school or clinic Therapy:

PT _____ x per week OT _____ x per week SLP _____ x per week Other _____

Does this student have IEP or IFSP goals with PT/OT/SLP services? YES or NO

May Gaitway contact the therapists to coordinate service goals? YES or NO

Names of Therapists: _____

Phone contact for Therapists: _____

What is your current hope or goal that hippotherapy can do for your child? _____
