

# LANTERN LANE FARM

## ADULT INTAKE FORM

### CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ - \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Bus.) \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Served in Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

### CURRENT MARITAL STATUS

\_\_\_\_\_ Single (never married) \_\_\_\_\_ Engaged \_\_\_\_\_ Cohabiting \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
\_\_\_\_\_ Widowed \_\_\_\_\_ Remarried \_\_\_\_\_ (Duration of any checked)

### ABOUT YOUR FAMILY

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Please provide the following information about your children from oldest to youngest: (Please use back if needed)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Parent? Yes or No  
Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Parent? Yes or No  
Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Parent? Yes or No  
Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Parent? Yes or No

Regarding your parents, are they (circle one)

Married/separated/divorced/remarried    Mother: living/deceased    Father: living/deceased

How would you describe your relationship with them? \_\_\_\_\_

### MEDICAL HISTORY

Family Physician \_\_\_\_\_ City/State \_\_\_\_\_

*Please provide the following information about any prescription medications you are taking:*

Name \_\_\_\_\_ For \_\_\_\_\_ Dose \_\_\_\_\_ Times per day \_\_\_\_\_  
Name \_\_\_\_\_ For \_\_\_\_\_ Dose \_\_\_\_\_ Times per day \_\_\_\_\_  
Name \_\_\_\_\_ For \_\_\_\_\_ Dose \_\_\_\_\_ Times per day \_\_\_\_\_  
Name \_\_\_\_\_ For \_\_\_\_\_ Dose \_\_\_\_\_ Times per day \_\_\_\_\_

Gen. Physical Condition \_\_\_\_\_

Current Physical Problems \_\_\_\_\_

Have you ever been hospitalized for a psychological problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever considered suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

Past or Current Drug/Alcohol Use? \_\_\_\_\_

### EMERGENCY CONTACT INFO

Person to contact in an emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone Numbers: Primary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Secondary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RELIGIOUS AFFILIATION AND/OR SPIRITUAL LIFE**

Please indicate with which, if any, religious group or denomination you are affiliated:

Are you actively involved in the life of this group: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please circle all words and/or phrases below that describe your current religious/spiritual experience:*

- |               |                      |                     |                |
|---------------|----------------------|---------------------|----------------|
| Not religious | Curious but doubtful | Curious but hopeful | Seeking        |
| Born Again    | Charismatic          | Closed toward God   | Stagnant       |
| God is good   | Open towards God     | God is a friend     | God is distant |

**ABOUT YOUR DESIRE FOR COUNSELING**

In your own words, briefly describe your reason for being here: \_\_\_\_\_

\_\_\_\_\_

Overall, how serious is this problem for you?

Not Very Serious      1      2      3      4      5      Very Serious

How long has this been a concern for you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Less than one month | <input type="checkbox"/> Three to six months    | <input type="checkbox"/> One to two years  |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Six months to one year | <input type="checkbox"/> More than 2 years |

Why did you seek help now?

\_\_\_\_\_

By whom were you referred for counseling? \_\_\_\_\_

Relationship to you \_\_\_\_\_

Have you sought counseling before?  Yes  No If so, for what reason? \_\_\_\_\_

Name of counselor \_\_\_\_\_ Last visit? \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome \_\_\_\_\_

What is your desired outcome for current counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that the information contained herein is complete and accurate, to the best of my knowledge. I voluntarily consent to the counseling that I receive at Lantern Lane Farm.*

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## RELEASE OF LIABILITY AGREEMENT

This release of liability is entered agreement between Lantern Lane Farm, Ralph and Joni Cook, hereinafter referred to as Operator, and \_\_\_\_\_, hereinafter referred to as Rider.

In return for the use, today and on all future dates, of the property, facilities, lessons, services, whether or not listed in the barn rules, boarding contract, volunteer operations, lesson agreement, the Rider, his heirs, assigns and legal representatives, hereby expressly agree to the following:

1. It is the responsibility of the Rider to carry full and complete insurance on his horse, property, and himself.
2. Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM USE OF OR PRESENCE UPON THE PROPERTY AND FACILITIES OF OPERATOR without limitation to the risks of death, bodily injury, property damages, falls, kicks, collisions with vehicles (horses or stationary objects), fire or explosion, the unavailability of medical care, or the negligence or deliberate acts of other persons.
3. Rider agrees to hold Operator and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees, and agents completely harmless and not liable, therefore releasing them from all liability whatsoever, and AGREES NOT TO SUE them on account of, or in connection with any Claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon the property and facilities of the Operator, including without limitation, those based on death, bodily injury, property damage, including consequential damage.
4. Operator shall not be liable for any loss of property by fire, theft, burglary, or otherwise from said premises, buildings, or acreage. Operator shall not be liable for any injury or damage whatsoever which may arise or accrue either from its furnishings or failure to furnish heat or air conditioning regardless of the cause or on account of any defect in the building or premises. Operator does not warrant or guarantee the uniformity or safety of any service depending upon electrical or other power. The failure of service of mechanical equipment in use in the buildings provided by the Operator shall not be grounds for cancellation of the boarding contract or for non-payment or abatement of rent, nor construed as curtailment of essential service.
5. Rider agrees to waive protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect, is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of release.
6. Rider agrees to indemnify and defend the Operator against, and hold harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arises from the Rider's use or presence upon the property and/or facilities of the Operator.
7. Rider agrees to abide by all of the Operator's rules and regulations whether verbal or stated in the barn rules.
8. If the Rider is using his own horse, the horse shall be free from infection, contagious or transmittable diseases.
9. Rider agrees also that any damage done by his horse, guests, or himself shall be the responsibility of the Rider.
10. Only persons with a signed release of liability form are allowed to ride, drive, or handle horse or any other animal living on or at Lantern Lane Farm.
11. This contract is non-transferrable and is made and entered into in the State of Tennessee and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with the state law then the clause is null and void, but the rest of the contract shall remain in full force and effect. This release of liability shall become binding upon the signing of the document by both parties.

Under Tennessee Law, an equine professional, activity sponsor or any other persons, which shall include a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities. No participant or participant's representative shall make any claim against, maintain an action against, or recover from an equine activity sponsor, an equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities unless the equine professional, activity sponsor, or other person 1) provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and such equipment or tack was faulty to the extent that it did cause the injury, or 2) provide the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and determine the ability of the participant's ability, or 3) owns, leases, rents, or

otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition which was known to the equine professional, activity sponsor, or other person and for which warning signs have not been conspicuously posted, or 4) commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and the act or omission caused the injury, or 5) intentionally injures the participant. Tenn Code Ann 44-20-104.

\_\_\_\_\_  
(Signature of Rider)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Signature of Operator)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Name and Phone Number \_\_\_\_\_

Other Numbers \_\_\_\_\_