

Rider's Medical History and Physician's Statement

***This form must be completed in full annually
and signed by a medical doctor.***

Name: _____ Date of Birth: _____

Address: _____

Height: _____ Weight _____ Tetanus shot? Yes No If yes, date: _____

Medications: _____

Name of Parent/Guardian: _____

Diagnosis: _____ **Date of Onset:** _____

Seizure type: _____ Controlled: Yes No Date of last seizure: _____

For Persons with Down Syndrome only:

Negative Cervical X-ray for Atlantoaxial Instability X-ray date: _____

Negative for clinical symptoms of Atlantoaxial Instability

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental impairment			
Psychological impairment			
Other			

Mobility	Yes	No	Please indicate any special precautions:
Independent ambulation			
Crutches			
Braces			
Wheelchair			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, Speech Pathologist Psychologist, etc.) in the implementation of an effective equestrian program.

Physician Name (please print): _____

Physician Signature: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

Spinal fusion
Spinal instabilities/abnormalities
Atlantoaxial instabilities
Scoliosis
Kyphosis
Lordosis
Hip subluxation and dislocation
Osteoporosis
Pathologic fractures
Coxas arthrosis
Heterotopic ossification
Osteogenesis imperfecta
Cranial deficits
Spinal orthoses
Internal spinal stabilization devices

Cancer
Poor endurance
Recent surgery
Diabetes
Peripheral vascular disease
Varicose veins
Hemophilia
Hypertension
Serious Heart Condition
Stroke (cerebrovascular accident)

Secondary Concerns

Behavior problems
Age under two years
Age two – four years
Acute exacerbation of chronic disorder
Indwelling catheter

Neurologic

Hydrocephalus/shunt
Spina bifida
Tethered cord
Chiari II malformation
Hydromyelia
Paralysis due to spinal cord injury
Seizure disorders

Medical/Surgical

Allergies