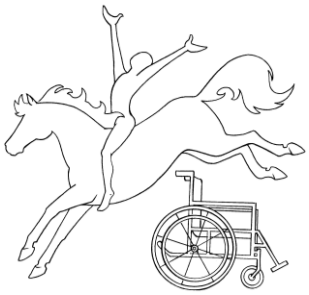
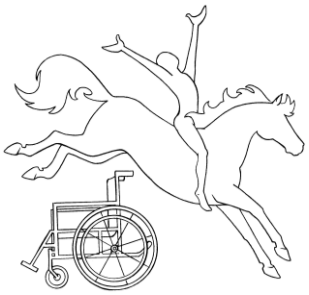


Ride On

Therapeutic Horsemanship



Serving the San Fernando and Conejo Valleys

Rider's Medical History and Physician's Statement

Name: _____ Date of Birth: _____

Address:_____ City: _____ Zip: _____

Phone Number : _____ Email: _____

Parent/Guardian Name: _____

Diagnosis: _____ Date of Onset: _____

Height: _____ Weight: _____ Past/Prospective Surgeries _____

Seizure Type: _____ Controlled: _____ Date of Last Seizure: _____

Medications: _____

Please indicate any special precautions _____

Mobility: Independent Yes___ No___ Assisted Ambulation Yes ___ No ___ Wheelchair: Yes ___ No ___

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: □ Present □ Absent Date of Exam _____

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

Areas	**Yes**	**No**	**Comments**
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Balance			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Other			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Ride On Therapeutic Horsemanship will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to Ride On for ongoing evaluation to determine eligibility for participation.

Name/Title _____ MD DO NP PA Physician Signature _____

Date _____ Address _____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
Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathological Fractures
Coxas Arthrosis
Heterotopic Ossification
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Medical/Surgical

Allergies Spinal
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Vein
Hemophilia
Hypertension
Serious Heart Condition
Stroke (Cerebrovascular Accident)

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

Secondary Concerns

Behavior Problems
Age under Two Years
Age Two - Four Years
Indwelling Catheter
Acute Exacerbation of
Chronic Disorder