

Stirrups 'n Strides Therapeutic Riding Center

Participant's Medical History & Physician's Statement

Date _____

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

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

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: _____ Present _____ Absent

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.		
Name/Title: _____ MD DO NP PA Other _____		
Signature: _____		Date: _____ Address: _____
		Phone: (____) _____
License/UPIN Number: _____		

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

Orthopedic

Spinal Fusion

Spinal Instabilities

Atlantoaxial Instabilities

Scoliosis

Kyphosis

Lordosis

Hip Subluxation and/or Dislocation

Osteoporosis

Pathologic Fractures

Coxas Arthrosis

Heterotopic Ossification

Osteogrnesis Imperfecta

Cranial Deficits

Spinal Orthoses

Internal Spinal Stabilization Devices

Neurologic

Hydrocephalus/Shunt

Spina Bifida

Tethered Cord

Cranial Malformation

Hydromyelia

Paralysis due to Spinal Cord Injury

Seizure disorder

Medical/Surgical

Allergies

Cancer

Poor endurance

Recent surgery

Diabetes

Peripheral Vascular Disease

Varicose Veins

Hemophilia

Hypertension

Heart Condition

Stroke/ Cerebrovascular Accident)

Secondary Concerns

Behavioral Difficulties

Age under two years

Age two to four years

Acute exacerbation of chronic disorder

In-dwelling catheter