

# 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