

## Clients' Medical History and Physician's Statement

Must be signed by Physician and Client/Parent/Guardian

Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 M/F \_\_\_\_ Date of Birth \_\_\_\_\_ Height/Weight \_\_\_\_/\_\_\_\_ Date of Tetanus: \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Seizure Type \_\_\_\_\_ Controlled \_\_\_\_\_ Date of Last Seizure \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Shunt Present: YES or NO Date of last shunt revision: \_\_\_\_\_  
 Past/Prospective surgeries: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in the following areas by checking Yes or No. IF yes, please comment.

Areas	Yes	No	Comments
Behavioral			
Auditory			
Visual			
Speech			
Cardia			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning			
Psychological			
Other			

Mobility: (Independent Ambulation Yes No), (Crutches Yes No), (Braces Yes No), (Wheelchair Yes No)

**Client/Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*\*PHYSICIAN MUST SIGN AND DATE THIS FORM BELOW\*\*\*\*\***

To my knowledge, there is no reason why this person cannot participate in supervised equine activities, However, I understand that Divine Equine Therapeutic Riding Center will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to Divine Equine Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation. I have read the attached Precautions and Contraindications.

For Persons with Down Syndrome: Neurologic symptoms of Atlanto Axial Instability Present Absent

Please indicate any special Precautions: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name Printed: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Precautions & Contraindications

**Precautions and Contraindications:** The following conditions, if present, may represent precautions or contraindication to therapeutic horseback riding. Please review this information, and if present, contact DETRC for more information.

### ORTHOPEDIC

Atlantoaxial Instability  
Coxa Arthrosis  
Cranial Deficits  
Osteoporosis  
Heterotopic Ossification/Myositis  
Joint subluxation/dislocations

### NEUROLOGIC

Pathologic Fractures  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities  
Seizure Disorder  
Spina Bifida/Chiari II malformation/Tethered  
Cord/Hydroxylian  
Hydrocephalus/Shunt

### OTHER

Indwelling Catheters  
Skin Breakdown  
Weight Exceeds 200 pounds

### MEDICAL/PSYCHOLOGICAL

Animal Abuse  
Physical/Sexual/Emotional Abuse  
Dangerous to self or others  
Exacerbations of medical conditions  
Fire setting  
Heart Conditions  
Hemophilia  
Medical Instability  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders