



Horse Heritage Educational Program Therapeutic Riding Program

In order to safely provide this service, our center requires that you complete/update the attached Medical History Form. **We strongly suggest that you have a physical or medical release to participate in horseback riding activities.**

PARTICIPANT'S MEDICAL HISTORY

Participant Name		DOB		Height	Weight
Diagnosis			Date of Onset		
Past/Prospective Surgeries					
Medications:					
Seizure Type		Controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last seizure:	
Shunt Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last revision	Independent Ambulation <input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted Ambulation <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Precautions (diet/needs/allergies)					
May Participate in all activities: <input type="checkbox"/> Yes <input type="checkbox"/> No		May Participate except for:			
For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + - Neurologic Symptoms of AtlantoAxial Instability:					
Signature of Doctor:				Date:	
I waive the approval of a doctor and authorize my child has no condition that may hamper or be in conflict with riding (Parent Signature)				Date:	

Please note that the following conditions may suggest precautions and contraindications to adapted and therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic Medical/Psychological

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Atlantoaxial Instability <input type="checkbox"/> Coxa Arthrosis <input type="checkbox"/> Cranial Deficits <input type="checkbox"/> Heterotopic Ossification/Myositis Ossificans <input type="checkbox"/> Joint subluxation/dislocation <input type="checkbox"/> Osteoporosis | <ul style="list-style-type: none"> <input type="checkbox"/> Pathologic Fractures <input type="checkbox"/> Spinal Fusion & Internal Spinal Stabilization Devices <input type="checkbox"/> Spinal Instability/Abnormalities <input type="checkbox"/> Scoliosis <input type="checkbox"/> Kyphosis <input type="checkbox"/> Lordosis |
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Neurologic

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Hydrocephalus/Shunt <input type="checkbox"/> Seizure <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Chiari II malformation | <ul style="list-style-type: none"> <input type="checkbox"/> Tethered Cord <input type="checkbox"/> Hydromyelia <input type="checkbox"/> Paralysis due to spinal cord injury (above T-9) |
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Medical Psychological

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Allergies <input type="checkbox"/> Animal Abuse <input type="checkbox"/> Physical/sexual/emotional abuse <input type="checkbox"/> Dangerous to self or others <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Hemophilia | <ul style="list-style-type: none"> <input type="checkbox"/> Medical Instability <input type="checkbox"/> Migraines <input type="checkbox"/> PVD <input type="checkbox"/> Respiratory Compromise <input type="checkbox"/> Substance abuse <input type="checkbox"/> Weight Control Disorders |
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Other

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Age – usually under 4 years <input type="checkbox"/> Indwelling Catheters <input type="checkbox"/> Medications, i.e., photosensitivity | <ul style="list-style-type: none"> <input type="checkbox"/> Poor Endurance <input type="checkbox"/> Skin Breakdown |
|---|--|