SunnyBrook Meadows Therapeutic Riding

Rider's Medical History and Physician's Statement

to be completed annually

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Diagnosis: _____ Date of Onset: _____

***For Persons with Down Syndrome:*

❒ Negative Cervical X-Ray for Atlantoaxial Instability. X-ray date: _____

❒ Negative for clinical symptoms of Atlantoaxial Instability.

Tetanus Shot: ❒ Yes ❒ No Date: _____ Height: _____ Weight: _____

Seizure Type _____ Controlled _____ Date of last seizure _____

Medications _____

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

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Mobility: Independent Ambulation ❒ Yes ❒ No Crutches ❒ Yes ❒ No Braces ❒ Yes ❒ No

Wheelchair ❒ Yes ❒ No Please indicate any special precautions: _____

_____

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contradictions. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) _____

Physician Signature _____

Address _____ City _____ State _____ Zip _____

Phone ( ) _____ Date _____

Please See Other Side →

Information for Physician

The following conditions, if present, may represent precautions or contradiction to therapeutic horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Spinal Fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurologic

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

Medical/Surgical

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

Secondary Concerns

Behavior Problems
Age Under Two Years
Age Two - Four Years
Acute exacerbation of chronic disorder
Indwelling catheter