

Jake E's Riding Round Up

RIDER'S MEDICAL HISTORY AND PHYSICIAN STATEMENT

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. 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 any effective equestrian/hippotherapy program.

THIS FORM MUST BE SIGNED BY ATTENDING PHYSICIAN. WE CANNOT ACCEPT A SIGNATURE STAMP OR THE SIGNATURE OF ANY THERAPIST, PHYSICIAN ASSISTANT OR A NURSE PRACTITIONER. THIS SIGNATURE MUST BE ORIGINAL; A FAX CANNOT BE ACCEPTED.

Physician's Name (please print) _____ Date _____

Physician's Signature _____ Phone _____

Address _____ City _____ State _____ Zip _____

This form is valid for a period of one (1) year from date signed.

INFORMATION FOR PHYSICIAN

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

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Kyphosis
Lordosis
Osteogenesis Imperfecta
Osteoporosis
Pathologic Fractures
Scoliosis
Spinal Fusion/Fixation
Spinal Instability/Abnormalities
Spinal Orthoses
Spinal Stabilization Devices - internal

Neurologic

Hydrocephalus/Shunt
Paralysis due to spinal cord injury
Seizure
Spina Bifida/Chiari II Malformation/Tethered Cord/
Hydromyelia
Stroke

Medical/Psychological

Allergies
Animal abuse
Behavior Problems
Blood pressure control
Cancer
Dangerous to self or others
Diabetes
Emotional abuse
Exacerbations of medical conditions
Fire settings
Heart conditions
Hemophilia
Medical instability
Migraines
Peripheral vascular disease
Physical abuse
Poor endurance
Respiratory compromise
Recent surgeries
Sexual abuse
Thought control disorders
Varicose veins
Weight control disorder

Other

Age - under 4 years of age
Indwelling catheters
Medications
Skin breakdown