

Participant's Medical History and Physician's Statement

Date:

Dear Physician,

Your patient, _____ is interested in participating in supervised equestrian activities at Unicorn Therapeutic Horseback Riding. In order to safely provide the service of horseback riding and horse related activities, our program requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing the form, please note whether these conditions are present and to what degree.

ORTHOPEDIC

Atlantoaxial Instability – include neurologic symptoms

Coxa Arthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint Subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Fusion/fixation

Spinal Instability Abnormalities

NEUROLOGIC

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari malformation/Tethered Cord

Hydromyelia

MEDICAL/PSYCHOLOGICAL

Allergies

Blood Pressure Control

Medical Instability

Dangerous to self or others

Thank you very much for your assistance. If you have any questions or concerns please feel free to contact us at (609) 354-2014. Unicorn Therapeutic Horseback Riding.

Participant Name: _____ DOB _____ Height _____ Weight _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Fractures _____

Seizure Type: _____

Medications: _____

Shunt Present: Y N

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation Y N Wheelchair Y N

For Those With Down Syndrome: AtlantoDens Interval X-rays, date _____ Result __+/-

Please Indicate current or past difficulties in the following systems/areas, including surgeries:

Y N IF YOU CHECK YES PLEASE SPECIFY

AUDITORY

VISUAL

SPEECH

CARDIAC

INTEGUMENTARY/SKIN

NEUROLOGIC

MUSCULAR

BALANCE

ORTHOPEDIC

ALLERGIES

LEARNING DISABILITY

COGNITIVE

Name/Title: _____

Signature _____

Address: _____ Phone _____

License/UPIN Number _____