



Rider's Medical History/Physician's Statement for Therapeutic Horseback Riding Hippotherapy

Participant: _____ DOB: _____ Height: _____ Wt: _____			
Address: _____			
Diagnosis: _____ Date of Onset: _____			
Past/Prospective Surgeries: _____			
Tetanus Shot: Y N Date vaccinated: _____			
Medications: _____			
Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____			
Shunt Present: Y N Date of last revision: _____			
Special Needs/Precautions: _____			
Temperature intolerance: _____			
Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N			
Braces/Assistive Devices: _____			
If Down Syndrome: AtlantoDens Interval X-ray Date:		Result:	
Neurologic Symptoms of AtlantoAxial Instability:			
<i>Please indicate current or past special needs in the following systems/areas, including surgeries:</i>			
	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
REFERRAL/PRESCRIPTION			
Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl center for evaluation and treatment.			
Printed Name/Title: _____ MD DO NP PA Other _____			
Signature: _____ Date: _____			
Address: _____			
Phone: _____ License/UPIN Number: _____			

Physician's Statement - Contraindications

Date: _____

Patient Name: _____

In order to safely provide equine-assisted services, our center 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 equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II Malformation/Tethered Cord/
Hydromyelia

Other

Age - under 4 years

Indwelling Catheters/Medical Equipment

Medications - e.g., Photosensitivity

Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (e.g., RA, MS)

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact the Saddle Light Center at 210-651-9574.