SPIRIT
OPEN EQUESTRIAN PROGRAM INC.
www.spiritequestrian.org

Spirit Open Equestrian Program, Inc.
SpiritOEP@gmail.com
PO Box 1342
Great Falls, VA 22066

Participant Medical History and Physician's Statement

_____
(Full name of participant)

Diagnosis: _____Date of Onset: _____

INFORMATION FOR PHYSICIAN

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

ORTHOPEDIC	NEUROLOGIC	MEDICAL/SURGICAL
Spinal Fusion	Hydrocephalus/shunt	Allergies
Spinal Instabilities/Abnormalities	Spina bifida	Cancer
Alantoaxial Instabilities	Tethered Cord	Poor Endurance
Scoliosis	Chiaril Malformation	Recent Surgery
Kyphosis	Hydromyelia	Diabetes
Lordosis	Paralysis due to Spinal Cord	Peripheral Vascular Disease
Hip Subluxation and Dislocation	Injury	Varicose Veins
Osteoporosis	Seizure Disorders	Hemophilia
Pathologic Fractures		Hypertension
Coxas Arthrosis	SECONDARY CONCERNS	Serious Heart Condition
Heterotopic Ossification	Behavior Problems	Stroke (Cerebrovascular)
Osteogenesis Imperfecta	Age under 4 years	Accident
Cranial Deficits	Age 4-5 years	
Spinal Orthoses	Acute exacerbation of chronic disorder	
Internal Spinal Stabilization	Indwelling catheter	
Disease	Uncontrolled pain	
Obesity related to limited movements and stability	Anger management issues	

For Persons with Down syndrome:
Negative Cervical X-ray for Atlnto-axial Instability X-Ray Date: _____
Negative for clinical symptoms of Atlantoaxial Instability: _____

Tetanus Shot: Y/N Alergies:_____

Seizures: Y/N Type: _____
Controlled: Y/N Date of Last Seizure_____

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Mobility:				
Independent: Y/N	Ambulation: Y/N	Crutches: Y/N	Braces: Y/ N	Wheelchair: Y/ N

Expected benefits of EAA – Please, mark one or more of listed or add more

• Posture • Improving muscle tone • Release contractions • Gross motor skills • Fine motor skills • General physical wellbeing	• Focusing skills • Orientation • Planning skills • Sensory integration	• Social skills • Communication skills • Self confidence • Leadership skills • Stress/anxiety release • Motivation • General mental and emotional wellbeing

Program and activity precautions:

_____
_____
_____

Expected benefits of Equine Assisted Activities

_____
_____
_____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Physician's Name: _____
Address: _____ Phone: _____e-mail: _____

Physician's Signature: _____ Date: _____