

## 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.

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

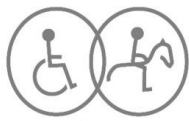
Negative Cervical X-ray for Atlnto-axial Instability X-Ray Date: \_\_\_\_\_

Negative for clinical symptoms of Atlantoaxial Instability: \_\_\_\_\_

Tetanus Shot: Y/N      Allergies: \_\_\_\_\_

Seizures: Y/N Type: \_\_\_\_\_

Controlled: Y/N    Date of Last Seizure \_\_\_\_\_



**SPiRiT**  
 OPEN EQUESTRIAN PROGRAM INC.  
 www.spiritequestrian.org

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

<u>Mobility:</u>				
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**

<ul style="list-style-type: none"> <li>• Posture</li> <li>• Improving muscle tone</li> <li>• Release contractions</li> <li>• Gross motor skills</li> <li>• Fine motor skills</li> <li>• General physical wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Focusing skills</li> <li>• Orientation</li> <li>• Planning skills</li> <li>• Sensory integration</li> </ul>	<ul style="list-style-type: none"> <li>• Social skills</li> <li>• Communication skills</li> <li>• Self confidence</li> <li>• Leadership skills</li> <li>• Stress/anxiety release</li> <li>• Motivation</li> <li>• General mental and emotional wellbeing</li> </ul>
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Program and activity precautions:

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Expected benefits of Equine Assisted Activities

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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: \_\_\_\_\_