Participant's Medical History & Physician's Statement
To Be Completed by Medical Personnel ONLY

Participant:_____ DOB:_____ Height: _____Weight:_____
Parent/Guardian NAME: _____ Phone Number:_____
Diagnosis(es): _____Date of Onset: _____
Past/Prospective Surgeries:_____
Medications: _____
_____
Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
Shunt Present: Y N Date of last revision:_____ Special Needs/Precautions_____
Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N
Braces/Assistive Devices:_____

For those riders with *Down Syndrome* only:
Neurologic Symptoms of Atlanto-Axial Instability: ❑Present ❑Absent

Please indicate current or past special needs in the following systems/areas, including Surgeries

	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			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that Project R.I.D.E., Inc will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Project R.I.D.E., Inc. for ongoing evaluation to determine eligibility for participation.

Completed by (circle): Doctor APC

Clinician's Signature:_____Date: _____

License # _____

Please imprint office stamp below:

Please return completed form to:

Project R.I.D.E., Inc.
Fax: (916) 245-7628
ride@projectride.org

Information for Physician

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

Orthopedic

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Neurological Symptoms of
  Atlantoaxial Instabiliities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation and Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxes Arthrosis
- Heterotrophic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices

Neurologic

- Hydrocephalus/Shunt
- Spina Bifida
- Tethered Cord
- Chiari 2 Malformation
- Hydromyelia
- Paralysis due to Spinal Cord Injury
- Seizure Disorders

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

Secondary Concerns

- Behavior Problems
- Age under two years
- Age two - Four years
- Acute exacerbation of Chronic Disorder
- Indwelling Catheter