



Talbot Special Riders, Inc.
 Therapeutic Horseback Riding
 P.O. Box 391
 Easton, MD 21601

RIDER'S MEDICAL HISTORY AND PHYSICIANS STATEMENT

Name:
 Address:
 Name of Parent, Guardian/Caregiver:
 Diagnosis:

Date of Birth:
 Phone:
 Date of Onset:

For persons with Down Syndrome:

Negative Cervical X-ray for Atlantoaxial instability
 Negative for clinical symptom of Atlantoaxial instability

X-ray date:

Tetnus Shot Yes No Date:
 Height: Weight:
 Seizure Type: Controlled:
 Date of last seizure: Medications:

Does the student use any of the following:

Wheelchair: Hearing aid:
 Crutches: Walker:
 Braces: Other:

Past Surgery:
 Date:

Please indicate if patient has a problem and/or surgeries in any of the following areas:

Areas	Yes	No	Comments
Auditor			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			

Signature _____
 Physician

Date _____