

RIDER'S MEDICAL HISTORY AND PHYSICIANS STATEMENT

Areas Yes No Comments

**Mental Impairment
Psychological Impairment
Other**

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

**Spinal Fusion
Spinal instabilities/Abnormalities
Atlantoaxial instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation & Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices**

NEUROLOGIC

**Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari 11 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**

SECONDARY CONCERNS

**Behavior problems
Age under two years
Age two to four years
Acute exacerbation of chronic disorder
Indwelling catheter**

COMMENTS:

**Signature _____
Physician**

Date _____