Horses In Service Natural Therapeutic Riding Center
Medical History and Physician Statement

Date: _____

Dear Physician:

Your patient _____ is interested in participating in supervised equestrian activities.

In order to safely provide this service, our therapeutic riding center requests that you complete the attached **Medical History and Physician's Statement**. Please note the conditions listed below, if present, may represent precautions or contraindications to therapeutic horseback riding. Please note whether these conditions are present, and to what degree, when you complete the attached form.

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, feel free to contact the center at the address/phone indicated below.

Sincerely,

Martha Wagner (h) 804.795.1721
Executive Director (c) 804.314.6030
Horses In Service (e) mcheynew@wildblue.net

Orthopedic
Spinal fusion / fixation
Spinal instabilities / abnormalities
Atlantoaxial instabilities
Scoliosis / Kyphosis / Lordosis
Hip subluxation and dislocation
Osteoporosis
Pathologic fractures
Coxas arthrosis
Heterotopic ossification
Osteogenesis imperfecta
Cranial deficits
Spinal orthoses
Internal spinal stabilization devices

Neurological
Hydrocephalus / shunt
Spina bifida
Tethered cord
Chiari II 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
Hypotension
Serious heart condition
Respiratory compromise
Stroke (CVA)

Psychological / Secondary Concerns
Animal abuse
Abuse – Physical/Sexual/Emotional
Danger to self or others
Fire settings
Substance abuse
Thought control disorder
Weight control disorder
Age under four years
Medications – i.e., photosensitivity
Indwelling catheter

Horses In Service Natural Therapeutic Riding Center

Medical History and Physician Statement

Name: _____

DOB: _____ Age: _____

Height: _____ Weight: _____ Date:_____

Address: _____

City: _____ State:_____ Zip:_____

Parent or Guardian: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Tetanus Shot: ☐ Y ☐ N Date: _____

Seizure Type _____ Controlled: ☐ Y ☐ N Date of last Seizure _____

Medications _____

Shunt Present: ☐ Y ☐ N Date of last revision: _____

Special Precautions/Needs: _____

_____

Mobility: Independent Ambulation: ☐ Y ☐ N Wheelchair ☐ Y ☐ N _____

Assisted Ambulation: ☐ Y ☐ N Braces: ☐ Y ☐ N _____

For persons with Down syndrome Cervical X-ray for Atlantoaxial Instability:

☐ Positive ☐ Negative X-ray Date _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by selecting **Yes** or **No**. If **yes**, please add comments.

Areas	**Yes**	**No**	**Comments**
Auditory	☐	☐	
Visual	☐	☐	
Tactile sensation	☐	☐	
Speech	☐	☐	
Cardiac	☐	☐	
Circulatory	☐	☐	
Pulmonary	☐	☐	
Neurological	☐	☐	
Integumentary / Skin	☐	☐	
Immunity	☐	☐	
Muscular	☐	☐	
Balance / Coordination	☐	☐	
Orthopedic	☐	☐	
Allergies	☐	☐	
Pain	☐	☐	
Cognitive	☐	☐	
Mental impairment	☐	☐	
Psychological impairment	☐	☐	
Other	☐	☐	

Please indicate any special precautions / concerns:

_____

_____

_____

_____

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications according to NARHA. I concur with a review of this person's abilities / limitations by a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, and RN) in the implementing of an effective equestrian program.

Physician's Name/Title:_____

Physician's Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date: _____

License/UPIN Number: _____

For Precautions and Contraindications see attached Physician Letter.

Additional information available upon request from:

Horses In Service Natural Therapeutic Riding Center
6301 Hines Rd.
Richmond, VA 23231

Martha Wagner
H.I.S. Executive Director
804-795-1721
mcheynew@wildblue.net