

CTRH Participant's Medical History & Physician's Statement 2023
THIS FORM MUST BE COMPLETED ANNUALLY TO BE CONSIDERED FOR PARTICIPATION
Participant Information (to be filled out by Participant/Parent/Caregiver)

Applicant's Name: _____ Nickname: _____

Age: _____ (minimum age: 2 1/2 - HPOT; 5 - Recreational Riding) Birthdate: _____ Gender: _____

Address: _____
 Street City State Zip

Parent/Guardian/Caregiver Name(s): _____ Phone: _____

Emergency Contact: _____ Phone: _____

Primary Physician: _____

Participant Medical Information (to be filled out by Physician)

Diagnosis: _____ **Complete both sections for participants with Down syndrome:**

Weight: _____ lbs. (175 lbs. limit balanced rider)* **Neurologic symptoms of Atlantoaxial Instability**

Height: _____ (150 lbs. limit unbalanced rider)* _____ Exam date _____ negative _____ positive

Tetanus Shot: ___ No ___ Yes - Date: _____ *!!Neurologic exam must be completed every calendar year!!*

Normal Blood Pressure: _____ Cervical X-Ray for Atlantoaxial Instability _____ X-ray date: _____

Normal Temperature: _____ _____ negative _____ positive

Medications: _____

Past medical history, problems, and/or surgeries

	Yes	No	Comments
Auditory	_____	_____	_____
Visual	_____	_____	_____
Speech	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic	_____	_____	_____
Allergies	_____	_____	_____
Learning Disability	_____	_____	_____
Mental Impairment	_____	_____	_____
Psychological Impairment	_____	_____	_____
Seizure Disorder	_____	_____	_____
Controlled	_____	_____	Date of last seizure: _____

Mobility Status

___ Independent ___ Walker ___ Cane ___ Crutches ___ Wheelchair

Transfer Ability: _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to hippotherapy and/or therapeutic riding. **Please indicate whether these conditions are present and to what degree.**

Orthopedic

- Spinal Fusion
- Spinal Instabilities / Abnormalities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation / Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices
- Atlantoaxial Instability - include neurologic symptoms

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Cardiac Condition
- Stroke

Neurologic

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

Secondary Concerns

- Behavior Problem
- Acute Exacerbation of Chronic Disorder
- Indwelling Catheter

**** PHYSICIANS PLEASE TAKE NOTE: If approving for Hippotherapy, a signature is REQUIRED in BOTH boxes below. ****

Physician's Statement for All Participants:

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the PATH center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH center for ongoing evaluation to determine eligibility for participation.

Physician's Name (Please Print): _____ Phone: _____

Physician's Signature: _____ Date: _____

Address: _____

Street
City
State
Zip

Prescription for Hippotherapy Participants Only:

Prescription for occupational, speech therapy, and physical therapy utilizing hippotherapy as a therapeutic strategy. Functional goals will integrate improvement with balance, strength, posture, communication, and activities of daily living.

Physician's Signature: _____ Physician's Name: _____

* Hippotherapy Balanced Rider has fair sitting balance and does not need upper extremity support or external support to maintain posture when the horse is moving. This is subject to therapist/instructor's discretion.

* Recreational Riding Balanced Rider shows flexibility, strength, posture and the ability to change their weight distribution on the horse as needed. This is subject to therapist/instructor's discretion.