



Horses Unlimited, Inc.
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*A Charitable Organization
 Providing Therapeutic
 Horseback Riding For
 People With Special Needs*

Rider's Medical History and Physician's Statement

to be completed annually

Name _____ Date of Birth _____
 Address _____ E-mail _____
 Name of Parent/Guardian _____
 Diagnosis _____ Date of Onset _____
 **For Persons with Down Syndrome:
 Negative Cervical x-ray for Atlantoaxial Instability. x-ray date _____
 Negative for clinical symptoms of Atlantoaxial Instability.
 Tetanus Shot: Yes No Date _____ Height _____ Weight _____
 Seizure Type _____ Controlled _____ Date of last seizure _____
 Medications _____

Please indicate if patient has problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Mobility: Independent Ambulation Yes No **Crutches** Yes No **Braces** Yes No
Wheelchair Yes No **Please indicate any special precautions:** _____

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 and contraindications. I concur with a review of this persons abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) _____
 Physician Signature _____
 Address _____ City _____ State ____ Zip _____
 Phone (____) _____ Date _____

Please See Other Side (or attached page)

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
Osteoporosis
Pathogenic Fractures
Coxes 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 Disorder

Medical/Surgical

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

Secondary Concerns

Behavior Problems
Age under two years
Age two – four years
Acute exacerbation of chronic disorder
Indwelling Catheter