



7126 FM 359 Road • Richmond, TX 77406 • (832) 451-6874 • 1-844-272-3087 FAX • www.reiningstrength.org

## Client Medical History & Physician's Statement 2023

Clients Name:		DOB:	Height:	Weight:
Diagnosis:			Date of Onset:	
Medications:				
Seizure Type:	Controlled?    Yes      No		Date of Last Seizure:	
Shunt Present?    Yes      No	Date of Last Revision:			
Special Precautions/Needs:				
Mobility:	Independent Ambulation?    Yes    No	Assisted Ambulation?    Yes    No	Wheelchair?    Yes    No	

***For those with Down syndrome:***

Neurologic Symptoms of Atlanto-Axial Instability:	+	-	<b>PLEASE CIRCLE ONE</b>
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***Please indicate current or past difficulties in the following systems/areas, including surgeries:***

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			



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**Physician's Statement**

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. I concur with an evaluation and treatment of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, SLP, LCSW, etc.) in the implementations of an effective equestrian program.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please print, type or stamp*

Physician's Name: \_\_\_\_\_  
 Medical Office/Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Potential Precautions and Contraindications for Equine-Assisted Services**

*Please note that the following conditions may suggest precautions and/or contraindications to equine assisted services. Therefore, when completing this form, please note whether these conditions are present and to what degree.*

Orthopedic	Medical/Psychological
Amputation	Medications: i.e., Photosensitivity/Allergies
Atlanto-Axial Instability- includes neurologic symptoms	Animal Abuse
Coxa Arthrosis	Physical/ Sexual/ Emotional Abuse
Cranial Deficits	Blood Pressure Control
Heterotopic Ossification/ Myositis Ossificans	Dangerous to self or others
Joint Subluxation/dislocation	Exacerbations of medical conditions
Osteoporosis	Fire Setting
Pathologic Fractures	Heart Conditions
Spinal Fusion/Fixation	Hemophilia
Spinal Instability Abnormalities	Medical Instability
	Migraines
	Post- Traumatic Stress Disorder
Neurologic	
Hydrocephalus/ Shunt	PVD
Seizure	Respiratory Compromise
Spina Bifida: Chiari II Malformation	Recent Surgeries
Tethered Cord	Substance Abuse
Hydromyelia	Thought Control Disorder
	Indwelling Catheters
	Poor Endurance
	Skin Breakdown