Reining Strength
THERAPEUTIC HORSEMANSHIP

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

Client Medical History & Physician's Statement 2026

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

***Need Annually-For those with Down syndrome:**

Date of Annual Neurological Exam:	Neurologic Symptoms of Atlanto-Axial Instability: + -

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
Neurologic	Post- Traumatic Stress Disorder
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