



P.O. Box 463
 MAPLE PLAIN, MN 55359
 (952) 934-0057
 FAX: (952) 974-9688
 WWW.WECANRIDE.ORG

RECEIVED: _____

(OFFICE USE ONLY)

2019 MEDICAL HISTORY FORM

PHYSICIAN SIGNATURE REQUIRED

SUBMIT TO OFFICE

NAME: _____ M _____ F _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN: _____

DIAGNOSES: _____

SCOLIOSIS: Yes _____ No _____ (DEGREE & REGION) _____

IMMUNIZATIONS UP TO DATE: Yes _____ No _____ HEIGHT: _____ WEIGHT: _____ (MUST BE FILLED TO PARTICIPATE)

ALLERGIES: Yes _____ No _____ IF YES, TO WHAT: _____

SEIZURE: Yes _____ No _____ SEIZURE TYPE: _____

CONTROLLED? YES _____ NO _____ DATE OF LAST SEIZURE: _____

Indicate any problems and/or surgeries in any of the following areas by checking Yes or No; If yes, please comment.

Area	Yes	No	Comments
Vision or Auditory			
Speech Delay			
Attention, Learning			
Cognitive Delay			
Psychological			
Cardiac, circulatory			
Pulmonary			
Neurological			
Orthopedic - scoliosis, subluxation/dislocation, osteoporosis			
Pain			
Tacticle Sensation			
Muscular/Balance			
Immunity			
Breathing			
Digestion/Elimination			

MOBILITY (PLEASE CIRCLE): INDEPENDENT CANE CRUTCHES BRACES WALKER WHEELCHAIR

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: _____

In my opinion, this patient can receive horseback riding therapy under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

Doctor Name (Print): _____ Signature: _____

Date: _____ Stamp Address Here: _____

Address: _____

City/State/Zip _____

Phone: _____



**2019 MEDICAL HISTORY
INFORMATION PAGE**

In order to safely provide equine activities, we request that you complete the attached Medical History form. Note that the following conditions may suggest precautions and contraindications to equine activities. Please review and indicate any precautions or contraindications on the attached form.

Orthopedic.

- Atlantoaxial Instability - include neurologic symptoms
- Coxarthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

Neurologic.

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chari II Malformation/Tethered Cord/Hydromyelia

Other.

- Age - Under 4 years old
- Indwelling Catheters/Medical Equipment
- Medications
- Poor Endurance
- Skin Breakdown

Medical/Psychological.

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to Self or Others
- Exacerbations of Medical Conditions (RA, MS, etc.)
- Fire Setting
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Please keep for your reference