

# Ponies As Partners - Therapeutic Riding, Inc.

A Non-Profit Organization

516 Third Beach Road Middletown, RI 02842 (401) 683-9437

## Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

***Please indicate current or past special needs in the following systems/areas, including surgeries:***

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			

- Cardiac
- Circulatory
- Integumentary/Skin
- Immunity
- Pulmonary
- Neurologic
- Muscular
- Balance
- Orthopedic
- Allergies
- Learning Disability
- Cognitive
- Emotional/Psychological
- Pain
- Other

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the riding center will weigh the medical information above against the existing precautions and contraindications.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_