

**Rider's Medical History and
Physician's Statement
(Annual)**



Name _____ Date of Birth _____
 Address _____ Height _____
 _____ Weight _____
 Name of Parent/Guardian _____ Diagnosis _____
 _____ Date of Onset _____

Medications: _____

Mobility: Independent Ambulation Yes No (if no, check those that apply)
 Crutches Braces Wheelchair Walker

For persons with Downs Syndrome: Atlantoaxial Instability Evaluation
 Negative Cervical X-Ray X-ray date _____ Negative for clinical symptoms Yes No

For persons with a Seizure Disorder: Seizure type _____
 Date of last seizure _____ Seizure control medications _____
 Controlled vagal nerve implant Yes No

Please indicate if your patient has an impairment or has undergone surgeries in any of the following areas. Please comment on all that apply. See other side for more information and additional room.

Auditory/Hearing Aids Yes No **Muscular** Yes No

Visual/Glasses Yes No **Orthopedic** Yes No

Speech Yes No **Allergies** Yes No

Cardiac/Circulatory Yes No **Learning Disability** Yes No

Pulmonary/Respiratory Yes No **Mental or Psychological Impairment**
 Yes No

Neurological Yes No **Other** Yes N

Please indicate any special precautions or other concerns

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

Physician Signature _____ Date _____

Physician Name (please print) _____ Phone _____

Address, City, State, ZIP _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Spinal fusion/fixation
Spinal instabilities/abnormalities
Atlantoaxial instabilities – include neurological symptoms
Osteoporosis
Pathologic fractures
Coxas arthrosis
Heterotopic ossification/myositis ossification
Cranial deficits
Internal spinal stabilization devices
Joint subluxation/dislocation

Neurologic

Hydrocephalus/shunt
Spina bifida
Tethered cord
Chiari II malformation
Hydromyelia

Other

Age – under 4 years
Indwelling catheters
Medications – i.e. photosensitivity
Poor endurance
Skin breakdown

Medical/Psychological

Allergies
Animal abuse
Physical/sexual/emotional abuse
Blood pressure control
Dangerous to self or others
Exacerbations of medical conditions
Fire setting
Heart conditions
Hemophilia
Medical instability
Migraines
PVD
Respiratory compromise
Recent surgeries
Substance abuse
Thought control disorders
Weight control disorders

Wesley Woods
Camp & Retreat Center
10896 Nixon Street
Indianola, IA 50125-7226
PH (515)961-4523 FAX (515)961-4162
wesleywoods.camp@iaumc.org