



Date: _____

Dear Health care Provider:

Your patient _____ (participant's name) is interested in or has been participating in supervised equine activities. In order to safely provide this service, NWSRA requests that you complete/update the attached Medical History and Physician's Statement Form. Please provide a medical history update and address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medications, treatment, weight or behavior. Please indicate current height/weight. If this person has Down syndrome or any other condition that predisposes him/her to Atlantoaxial Instability, please indicate results of his/her neurological exam.

Participant's Medical History and Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Past/Prospective Surgeries: _____

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

Assistive Devices/Level of assistance Required: _____

Require assistance with stairs: Y N

For Down syndrome patients: Atlanta-Axial Subluxation: Y N

Cervical X-Ray: Positive _____ Negative _____ X-Ray Date: _____

Shunt Present: Y N Date of last Revision: _____

Special Precautions/Needs: _____

Pulse: _____ B/P: _____

Please indicate current or past conditions in the below chart, including surgeries, pertinent to equine activities. The instructor will talk with family or the individual to discuss marked areas and discuss appropriate equine activities.

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Update Status:

Given the above diagnosis and medical information, this person is suitable for participation in equine-assisted activities and/or therapies.

Physician's Signature _____ Date: _____

Physician Name (please print): _____

Address: _____

Phone: _____ License/ UPIN Number: _____