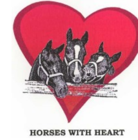
SHADY HOLLOW ASSISTED RIDING
RIDER MEDICAL HISTORY FORM
(TO BE COMPLETED BY PHYSICIAN)



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Birdsboro, Pa 19508

610-582-4050
michele@hugahorse.com

Name:____DOB:___/___/____
Age:____ Sex:____ Height:_____ Weight:_____ Pulse:_____ B.P.:_____

Diagnosis: ____
Cause: ____
Medications (Type, Purpose, Dose):
____
____

If Downs Syndrome, Atlanto-Axial Subluxation? Yes_____ No______
Cervical X-Ray for Atlanto-Axial Subluxation: Positive ______ Negative ______ X-Ray Date __/__/___

Please indicate any medical problems not indicated on back: ______________________________
____

Please indicate special precautions: ____
____

Mobility Status:
Ambulatory? Yes____ No ____
If NO, describe: ____
____

Prosthetics/Orthotics:
Type:______________________________ Purpose:________________________________
Type:______________________________ Purpose:________________________________

Please describe any other additional information that might help us to work with this students:
____
____
____

Physician's Name (please print):____
Address: _____________________________ City: _____________________________ State: Zip:_______

Physician's Signature: ____Date:____________________

Please indicate if the client has or had a history of the following secondary problems by checking yes or no in the form on the next page. If **YES**, please include complete information pertaining to the condition.

Thank you for your time!

Problem	Yes	No	If YES, history describe
Auditory Impairment			
Learning Impairment			
Mental Impairment			
Psychological Impairment			
Speech Impairment			
Visual Impairment			
Allergies			
Cardiac			
Circulatory			
PVD			
Postural Hypotension			
Hemophilia			
Pulmonary			
Asthma/COPD			
Neurological			
Seizures			
Controlled			
Problem	**Yes**	**No**	**If YES, history/describe**
Last Seizure Date			
Hydrocephalus			
Shunt			
Sensory Loss			
Pain			
Muscular			
Contractures			
Skeletal			
Spinal Column Injury			
Subluxing Joints			
Dislocating Joints			
Laminectomy/Fusion			
Scoliosis Degree / Type			
Brace			
Last X-Ray			
Kyphosis/Lordosis			
Degree/Type			
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Heterptrophic Ossification			
Joint Disease			
Cranial Defects			
Fractures			
Others			