

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



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Birdsboro, Pa 19508

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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!

<b>Problem</b>	<b>Yes</b>	<b>No</b>	<b>If YES, history describe</b>
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			
<b>Problem</b>	<b>Yes</b>	<b>No</b>	<b>If YES, history/describe</b>
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			