



Destiny's Ride

Therapeutic Horseback Riding Program
 Specializing in Amputees
 DBA Aspinwall Equestrian Center - 293 Main Street Lenox, Ma
 PO Box 695 ~ Lee, Ma 01238
 (413)243-3332

Participant's Medical History and Physician's Statement

Name: _____ Date of Birth: _____ Ht: _____ Wt: _____

Address: _____

Name of Parent/Guardian _____

Diagnosis: _____ Date of Onset: _____

FOR PERSONS WITH DOWN SYNDROME

Past/Prospective Surgeries: _____

Seizure Type: _____ Controlled: Y N Date of last seizure _____

Shunt Present: Y N Date of last revision: _____ Tetanus Shot: Yes No

Special Precautions/Needs: _____

Medications _____

Mobility:
 Independent: Y/N Assisted Ambulation: Y/N Wheelchair: Y/N Braces/Assistive Devices: _____

***For Persons with Down Syndrome:* AtlantoDens Interval X-rays, date: _____ Result: pos neg

Neurologic Symptoms of AtlantoAxial Instability: _____

PLEASE INDICATE IF PATIENT HAS A PROBLEM AND/OR SURGERIES IN ANY OF THE FOLLOWING AREAS BY CHECKING YES OR NO. IF YES, PLEASE COMMENT, USING BACK OF FORM IF NECESSARY:

AREAS	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

In my opinion this patient can participate in supervised equestrian activities. In conjunction with these activities I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program.

Name/Title (please print) _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to equine activities.

Therefore, when completing this form, please note whether these conditions are present, and to what degree.

If you have any questions or concerns regarding this patient's participation in equine assisted activities,

Please feel free to contact us at (413) 234-3332

Orthopedic

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities – include neurologic symptoms
Scoliosis
Kyphosis
Lordosis
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Medical/Psychological

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Cardiac Condition
Stroke (Cerebrovascular Accident)
Animal Abuse
Physical/Sexual/Emotional Abuse
Fire Setting
Danger to self or others
Thought/Weight Control Disorders
Exacerbations of medical conditions i.e. RA, MS
Medical Instability
Migraines
Respiratory Compromise
Substance Abuse

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia Indwelling
Seizure Disorders
Paralysis due to Spinal Cord Injury

Secondary Concerns

Behavior problems
Age under four years
Poor Endurance
Acute exacerbation of chronic disorder
Catheters/Medical Equipment
Skin Breakdown
Medications – i.e. photosensitivity