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We Can Ride 2024 Medical History Form Physician Signature Required

NAME: _____ GENDER: _____ DOB: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PARENT/GUARDIAN: _____
 DIAGNOSIS: _____
 SCOLIOSIS: YES ___ NO ___ (DEGREE & REGION) _____
 IMMUNIZATIONS UP TO DATE: YES ___ NO ___ HEIGHT: _____ WEIGHT: _____ (MUST BE FILLED TO PARTICIPATE)
 Allergies: Yes ___ No ___ If yes, to what?: _____

SEIZURES: YES ___ NO ___ SEIZURE TYPE: _____
 CONTROLLED: YES ___ NO ___ DATE OF LAST SEIZURE: _____

Indicate any problems and/or surgeries in any of the following areas by checking Yes or No; If yes, please comment.

Area	Yes	No	Comments
Vision or Auditory			
Speech Delay			
Attention, Learning			
Cognitive Delay			
Psychological			
Cardiac, circulatory			
Pulmonary			
Neurological			
Orthopedic - scoliosis, subluxation/dislocation, osteoporosis			
Pain			
Tactile Sensation			
Muscular/Balance			
Immunity			
Breathing			
Digestion/Elimination			
Current Medication			

MOBILITY (PLEASE CIRCLE): INDEPENDENT CANE CRUTCHES BRACES WALKER WHEELCHAIR

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: _____

In my opinion, this patient can receive horseback riding therapy or participate with an equine on the ground, under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

Doctor Name (Print): _____ Signature: _____

Date: _____ Stamp Address Here: _____

Clinic Name: _____

Phone : _____

We Can Ride
2024 MEDICAL HISTORY
INFORMATION PAGE

Dear Client/Parents:

In order to safely provide equine activities, we request that you complete the attached Medical History form. Note that the following conditions may suggest precautions and contraindications to equine activities. Please review and indicate any precautions or contraindications on the attached form.

Orthopedic:

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic:

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chari II Malformation/Tethered Cord/Hydromyelia

Other:

Age - Under 4 years old
Indwelling Catheters/Medical Equipment
Medications
Poor Endurance
Skin Breakdown

Medical/Psychological:

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (RA, MS, etc.)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Please keep for your reference unless above conditions apply