

CTRH Participant's Medical History & Physician's Statement 2026
THIS FORM MUST BE COMPLETED ANNUALLY TO BE CONSIDERED FOR PARTICIPATION
Participant Information (to be filled out by Participant/Parent/Caregiver)

Applicant's Name: _____ Nickname: _____

Age: _____ (minimum age: 2 1/2 - HPOT; 5 - Recreational Riding) Birthdate: _____ Gender: _____

Address: _____
Street City State Zip

Parent/Guardian/Caregiver Name(s): _____ Phone: _____

Emergency Contact: _____ Phone: _____

Primary Physician: _____

Participant Medical Information (to be filled out by Physician)

Diagnosis: _____ **Complete both sections for participants with Down syndrome:**

Weight: _____ lbs. (175 lbs. limit balanced rider)* **Neurologic symptoms of Atlantoaxial Instability**

Height: _____ (150 lbs. limit unbalanced rider)* _____ Exam date _____ negative _____ positive

Tetanus Shot: ___ No ___ Yes - Date: _____ *!!Neurologic exam must be completed every calendar year!!*

Normal Blood Pressure: _____ Cervical X-Ray for Atlantoaxial Instability _____ X-ray date: _____

Normal Temperature: _____ _____ negative _____ positive

Medications: _____

Past medical history, problems, and/or surgeries

	Yes	No	Comments
Auditory	_____	_____	_____
Visual	_____	_____	_____
Speech	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic	_____	_____	_____
Allergies	_____	_____	_____
Learning Disability	_____	_____	_____
Mental Impairment	_____	_____	_____
Psychological Impairment	_____	_____	_____
Seizure Disorder	_____	_____	_____
Controlled	_____	_____	Date of last seizure: _____

Mobility Status

___ Independent ___ Walker ___ Cane ___ Crutches ___ Wheelchair

Transfer Ability: _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to hippotherapy and/or therapeutic riding. **Please indicate whether these conditions are present and to what degree.**

Orthopedic

Spinal Fusion
Spinal Instabilities / Abnormalities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation / Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices
Atlantoaxial Instability - include neurologic symptoms

Medical/Surgical

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Cardiac Condition
Stroke

Neurologic

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

Secondary Concerns

Behavior Problem
Acute Exacerbation of Chronic Disorder
Indwelling Catheter

**** PHYSICIANS PLEASE TAKE NOTE: If approving for Hippotherapy, a signature is REQUIRED in BOTH boxes below. ****

Physician's Statement for All Participants:

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the PATH center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH center for ongoing evaluation to determine eligibility for participation.

Physician's Name (Please Print): _____ Phone: _____

Physician's Signature: _____ Date: _____

Address: _____
Street City State Zip

Prescription for Hippotherapy Participants Only:

Prescription for occupational, speech therapy, and physical therapy utilizing hippotherapy as a therapeutic strategy. Functional goals will integrate improvement with balance, strength, posture, communication, and activities of daily living.

Physician's Signature: _____ Physician's Name: _____

* Hippotherapy Balanced Rider has fair sitting balance and does not need upper extremity support or external support to maintain posture when the horse is moving. This is subject to therapist/instructor's discretion.

* Recreational Riding Balanced Rider shows flexibility, strength, posture and the ability to change their weight distribution on the horse as needed. This is subject to therapist/instructor's discretion.

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