



Promise Ranch
 2092 Plum Branch Rd
 Concord VA 24538
 434-221-8184
www.promiseranch.org
 promiseranch21@gmail.com

Form 4 - PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

(To be completed annually by Primary Physician)

Proof of current school year physical is acceptable for participant without special accommodations
TO OUR RIDER: Please note that this Medical History Form requires your physician's input and signature. Make sure you allow your physician adequate time to fill out this form and return it to you, so that you can bring it to Promise Ranch, LLC before the start of lessons. **PROMISE RANCH, LLC MUST HAVE IN HAND THIS COMPLETED AND SIGNED MEDICAL HISTORY FORM BEFORE YOU WILL BE ABLE TO RIDE.**

Participant's Name: _____

Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Name of Parent/Guardian/Adult Caregiver, if any: _____

Diagnosis: _____ Date of onset: _____

**For persons with Down Syndrome:

Negative Cervical X-ray for Atlantoaxial Instability - X-ray Date: _____

Negative for clinical symptoms of Atlantoaxial Instability

Tetanus Shot: Yes , Date: _____ No: _____

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

Medications: _____

Precautions for outdoor activities? (Allergies,sun/heat sensitivity, asthma, etc.): _____

Please indicate if patient has a problem and/or surgery in any of the following areas by checking yes or no. If yes, please comment.

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

Mobility Independent Ambulation: Yes ___ No ___ Crutches: Yes ___ No ___ Braces: Yes ___ No ___

Wheelchair: Yes ___ No ___



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PHYSICIAN'S STATEMENT To my knowledge there is no reason why this person cannot participate in supervised equestrian and outdoor activities. However, I understand that Promise Ranch, LLC may contact me to discuss this information and will weigh the medical information above against the existing precautions and contraindications. I concur that a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) may be helpful in the implementing of an effective equestrian program.

Name (Please Print): _____

Physician Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

<p>Orthopedic</p> <ul style="list-style-type: none"> ➤ Spinal Fusion ➤ Spinal Instabilities/Abnormalities ➤ Atlantoaxial Instabilities ➤ Scoliosis ➤ Kyphosis ¾ Lordosis ➤ Hip Subluxation and ➤ Osteoporosis ➤ Pathologic Fractures ➤ Coxas Arthrosis ➤ Heterotopic Ossification ➤ Osteogenesis Imperfecta ➤ Cranial Deficits ➤ Spinal Orthoses ➤ Internal Spinal Stabilization Devices 	<p>Medical/Surgical</p> <ul style="list-style-type: none"> ➤ Allergies ➤ Cancer ➤ Poor Endurance ➤ Recent Surgery ➤ Diabetes ➤ Peripheral Vascular Disease ➤ Varicose Veins ➤ Hemophilia ➤ Hypertension ➤ Serious Heart Condition ➤ Stroke(Cerebrovascular Accident)
<p>Neurologic</p> <ul style="list-style-type: none"> ➤ Hydrocephalus/shunt ➤ Spina Bifida ➤ Tethered Cord ➤ Chiari II Malformation ➤ Hydromyelia ➤ Paralysis due to Spinal Cord Injury ➤ Seizure Disorders 	<p>Secondary Concerns</p> <ul style="list-style-type: none"> ➤ Behavior Problems ➤ Age under 2 years ➤ Age 2-4 years ➤ Acute exacerbation of chronic disorder ➤ Indwelling catheter

Complete forms can be sent to:

Promise Ranch
 Michele Parlier
 2092 Plum Branch Rd
 Concord, VA 24538