



Freedom Ride Inc

1905 Lee Road, Orlando, FL 32810
 Phone: 407-293-0411
 www.freedomride.com



MEDICAL HISTORY AND PHYSICIAN'S RELEASE - MUST BE COMPLETED BY PHYSICIAN

Name:					
DOB:		Height:		Weight:	
Address:					
Name of <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian:					
Primary Diagnosis:				Date of Onset:	
Secondary Diagnosis:				Date of Onset:	
Tertiary Diagnosis:				Date of Onset:	
Shunt Present: Y N			Tetanus Shot: Y N		
Date of Last Revision:			Date if Yes:		
Seizure Type:			Controlled: Y N		
			Date of Last Seizure:		

PLEASE LIST ALL CURRENT MEDICATIONS

1.	Taken for:
2.	Taken for:
3.	Taken for:

Any contagious diseases:

Please indicate if a patient has a problem and/or surgeries in any of the following areas. If yes, please comment, using the back of the form if necessary

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

Independent Ambulation: Yes No	Crutches: Yes No
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Wheelchair: Yes No	Braces: Yes No
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Past/Prospective Surgeries:

Special Precautions/Needs:

Physician's signature required on other side (page 2)

PHYSICIAN INFORMATION

The following conditions, if present, may represent precautions and contraindications to therapeutic horse riding. Please be sure to clearly identify and check the boxes if any of the following conditions are present and explain to what degree.

Orthopedic	Medical / Surgical
Atlantoaxial Instabilities	Allergies
Coxas Arthrosis	Cancer
Cranial Deficits	Diabetes
Heterotopic Ossification	Hemophilia
Hip Subluxation and Dislocation	Hypertension
Internal Spinal Stabilization Devices	Peripheral Vascular Disease
Kyphosis	Poor Endurance
Lordosis	Recent Surgery
Osteogenesis Imperfecta	Serious Heart Condition
Osteoporosis	Stroke (Cerebrovascular Accident)
Pathologic Fractures	Varicose Veins
Scoliosis	
Spinal Fusion	
Spinal Instabilities/ Abnormalities	
Spinal Orthoses	Neurologic
	Chiari II Malformation
Secondary Concerns	Hydrocephalus/shunt
Acute exacerbation of chronic disorder	Hydromyelia
Age two - four years	Paralysis due to Spinal Cord Injury
Behavior problems	Seizure disorders
Indwelling catheter	Spina Bifida
Integumentary/Skin	Tethered Cord

PARTICIPANTS WITH DOWN SYNDROME - PLEASE NOTE & COMPLETE

Due to the nature of the activity of horseback riding, no individual diagnosed with Down Syndrome can be accepted for riding instruction without proof of an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with Atlantoaxial Instability.

Annual neurological exam for Atlantoaxial Instability: Positive Negative Date of exam:

PHYSICIAN VERIFICATION - PLEASE PRINT YOUR NAME, SIGN & DATE - THANK YOU

To my knowledge, there is NO REASON why this person cannot participate in supervised equestrian activities. However, I understand that the final decision regarding acceptance rests with the Freedom Ride, Inc. staff, upon due consideration of the participant's special needs, precautions and contraindications, and the safety of the participant, staff, volunteers and horses.

Physician Name/Title (Please Print):

Signature:

Date:

Phone:

Address:

Additional Comments: