



Jacobs' Ladder Therapeutic Riding Center, Inc.
 5866 Bradford Rd. N.
 Hahira, GA 31632
 229.794.1188



www.jacobsladderriding.com

www.pathintl.org

Participant's Medical History & Physician's Statement

To the physician: The information on the person named below is needed in order for them to be admitted to the therapeutic riding program at Jacobs' Ladder. Thank you for your assistance in completing this form, which will be retained in their records, in a secure location.

Participant: _____ D.O.B. _____
 Today's date: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____
 Past/prospective surgeries: _____
 Medications: _____
 Seizures? Type? _____ Controlled **Y** or **N** Date of last seizure: _____
 Shunt Present: **Y** or **N** Date of last revision: _____
 Special Precautions/Needs: _____
 Mobility: Independent Ambulation **Y** or **N** Assisted Ambulation **Y** or **N** Wheelchair **Y** or **N**
 Braces/Assistive Devices: _____
 Down Syndrome: AtlantoDens Interval X-rays, date: _____ **Result** + -
 Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that Jacobs' Ladder will weigh the medical information above against existing precautions & contraindications. I concur with a review of this person's abilities/limitations by a licensed/credential health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other: _____
 Signature: _____ Date: _____
 Address: _____
 Phone: () _____ License/UPIN Number: _____