Ride-On Ranch
MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Phone: (703) 298-5319
Email: admin@rideonranch.org
https://www.rideonranch.org

Ride-On Ranch
38416 Morrisonville Road
Lovettsville, VA 20180

Child's Name:_____Date of Birth:_____

Address:_____

Home Phone:_____Cell Phone:_____

Name of [ ] Parent OR [ ] Guardian:_____

Primary Diagnosis:_____ICD9 Code:_____

Secondary Diagnosis:_____ICD9 Code:_____

Height:_____inches Weight:_____lbs.

Type of seizure:_____Controlled?_____Date of last seizure:_____

Shunt Present: Y N Date of last revision:_____

Mobility
Independent Ambulation: Y N Assisted Ambulation: Y N Orthotics: Y N

Please list all current medications:
1. _____taken for:_____
2. _____taken for:_____
3. _____taken for:_____

Physician's Statement – (Required)

To my knowledge, there is no reason why this child cannot participate in supervised equestrian activities. However, I understand that the facility will weigh the medical information I have provided against the existing precautions and contraindications.

*Physician's Signature*_____Date: _____

Physician's name: _____

Address:_____

Phone Number:_____Fax Number: _____

E-mail: _____

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Contraindications and Precautions for Hippotherapy

Child's Name:_____

The following conditions may suggest precautions and/or contraindications to utilizing hippotherapy. Therefore, a physician's prescription is required prior to beginning hippotherapy sessions.

Please attach prescription to completed document*

Please note whether any of the following conditions are present, and to what degree. Please be as specific as possible so that we may best serve the child's needs.

ORTHOPEDIC & NEUROLOGICAL:

__Acute herniated disc
__Amputation
__Arnold Chiari Malformation
__Atlanto-axial Instability – include neurological symptoms
__Coxa orthosis
__Cranial deficits
__Heterotropic ossification/Myositis ossificans
__Hip Subluxation/Dislocation or Dysplasia
__Hydrocephalus/Shunt
__Osteoporosis
__Pathologic Fractures (OI)
__Recent Surgery
__Recent Dorsal Rhizotomy
__Spinal Fusion/Fixation
__Spinal Instability/Abnormalities
__Tethered Cord
__Uncontrolled Seizures with significant restriction of hip abduction ROM
__Visual Concerns

MEDICAL & PSYCHOLOGICAL:

__Allergies
__Animal Abuse
__Dangerous to self or others
__Exacerbations of medical conditions
__Heart Conditions
__Hemophilia
__Hypertension
__Medical Instability
__Peripheral Vascular Disease
__Physical/Sexual/Emotional Abuse
__Respiratory Compromise
__Skin Breakdown
__Under the age of 3 years

Riders with Down Syndrome – PLEASE NOTE

Due to the nature of equine activities, no individual diagnosed with Down Syndrome can be accepted for hippotherapy without proof of a negative diagnostic x-ray for Atlanto-axial Instability. Please provide the following information:

1. Most recent cervical x-ray for AAI: _ Positive _ Negative Date of x-ray:_____