

**Trinity Equestrian Center**  
**Healing with Horses**

S5300 State Road 37  
Eau Claire, WI 54701  
(715) 835-4530  
trinity-ec.com



**Rider Medical History & Physician Release**

Patient's (Rider's) Name \_\_\_\_\_

Person authorizing release of information (print name if different from rider) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

---

Primary Diagnosis \_\_\_\_\_ Date of Onset \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_ Date of Onset \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Past/Prospective Surgeries \_\_\_\_\_

Shunt Present: Yes No If Yes, date of last revision \_\_\_\_\_

Seizures: Yes No Controlled: Yes No Type \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Medications \_\_\_\_\_

For \_\_\_\_\_

Known Allergies \_\_\_\_\_

Ambulation (circle): Independent Assisted Wheelchair

Incontinence: Yes No Tetanus Shot: Yes No Date \_\_\_\_\_

Please indicate any special precautions \_\_\_\_\_

*Physician Signature Required - See reverse side*

Please provide information about any conditions or surgeries/issues in the following areas.

Is patient challenged in...			If yes, please comment (client/guardian may add information)
Auditory	no	yes	_____
Visual	no	yes	_____
Speech	no	yes	_____
Cardiac	no	yes	_____
Circulatory	no	yes	_____
Pulmonary	no	yes	_____
Neurological	no	yes	_____
Muscular	no	yes	_____
Orthopedic	no	yes	_____
Learning Disability, Emotional/Behavioral Disorder			
	No	yes	_____

Yes, in my opinion this patient can participate in the Trinity Equestrian Center Therapeutic Riding Program, under appropriate supervision.

No, in my opinion this patient should not participate in the Trinity Equestrian Center Therapeutic Riding Program.

General Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Thank you!

---

**PLEASE NOTE: FOR INDIVIDUALS WITH DOWN SYNDROME ONLY**

Because of the nature of the horseback riding activity, no individual diagnosed with Down Syndrome can be accepted for riding instruction without the proof of a negative diagnostic X-ray for Atlantoaxial Dislocation Condition.

**Physician's Acknowledgement:**

I have X-rayed this patient for Atlantoaxial Dislocation Condition and the results are negative. In addition, this patient does not display signs or symptoms of ADC and may participate in the Trinity Equestrian Center Therapeutic Riding Program.

Date of Last X-ray \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your cooperation!**

Please return to patient or mail to:

Trinity Equestrian Center

S 5300 State Road 37

Eau Claire, WI 54701