



Client Medical Form 2019 –

To be completed by a physician or occupational therapist

Physician Assessment of Client

PHYSICAL: Please note the range of motion, strength, coordination, spasticity, balance etc.

Upper extremities _____ Lower extremities _____

Mobility _____ Sitting/Standing balance _____

Braces/other equipment _____ Precautions/Comments _____

Speech _____ Hearing _____

Vision _____ Other _____

MENTAL STATUS: Please indicate cognitive ability and capability

Comprehension _____

Overall Attitude _____

Client Profile

CLIENT'S FULL NAME _____

HEIGHT (FT) _____

WEIGHT (LBS) _____

DIAGNOSIS _____

DATE OF ONSET _____

HISTORY OF SEIZURES (if any) _____

MEDICATIONS & PRECAUTIONS _____

PHYSICIAN'S CONSENT

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____

PHYSICIANS OFFICE # _____

DATE OF ASSESSMENT _____

Does the X-ray show a negative diagnostic X-ray for Atlanto-Axial instability? _____

I agree that this is a beneficial form of therapy for my patient.

I, _____ (physician's name) hereby deem that _____ (client's name) is medically cleared to ride horses and it will not be detrimental to their health provided that riding is done in a safe and supportive environment.

Atlanto-Axial X-Ray Verification for Clients who present with Down Syndrome

NOTE: Due to the nature of riding, persons diagnosed with Down Syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for atlanto-axial instability. The form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-ray.

CLIENT'S FULL NAME _____

PHYSICIAN'S NAME _____

PHYSICIANS OFFICE # _____

DATE OF X-RAY _____

Does the X-ray show a negative diagnostic X-ray for Atlanto-Axial instability? _____